COPNTY WELL LOCATED	MIS	SISSIPPI E	DEPARTMENT OF ENV	TRONME	ENTA				
WELL NUMBER CODED	PERMIT NUMBER		QUALITY Office of Land and Water Resource						
D-69	NAME OF DRILLING FIRM								
DATE WELL COMPLETED	Domesubter	well	P. O. Box 1063 Jackson, MS 39289-063 WATER WELL DRILLERS LOC						
NAME & MAILING ADDRESS OF LAI	NDOWNER		PUMP DATA	<del></del>					
Wayne Mou	uton	PUMP TY	PE (Circle One):						
157 Roy Ro	j	Other (De	escribe)	Flowin	g Well,				
Latitude: Longitude: Longitude:	ion, Ms 39455	POWER TYPE (Circle One):  Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) H/P							
WELL LOCATION. SEC	TOWNSHIP RANGE	DESCRIPTIO	N OF FORMATIONS ENCOUNTERE	D FROM	TO				
DISTANCE DIRECTI	<u>loly</u>	<del></del>	CIMI	18/	188				
	/ unha (for		Sand	40	Iloi				
OTHER LANDMARK	of Chillerin	<b> </b>			ļ				
· · · · · · · · · · · · · · · · · · ·				<del></del>	<del> </del>				
WELL PURPOSE: Comp. Irrigation, M	unicipal, Industrial, Fish Pond, etc.								
WELL C					<del> </del>				
Well Depth Casing Diameter	(In.) Casing Length (FL)			1					
Type of Casing Hote Depth SCHYO 100	Depth to Static Water Level								
TYPE OF COMPLETION: (Cir Gravel Packed, Under	eamed, Telescoped,								
Natural Development, (Describe)	Open Hole, Other	<del> </del>	SECTIVED	-	-				
WELL GROUTED TO A DE	PTH OF FEET		HEUEINE	1					
Type Grout (circle one): Cer	nent, Bentonite, or Mix		APR 2 9 2003						
SCREEN	DATA	ļ	AIN	1					
Diameter - Inches Length - Feet	Slot Size - Inches	<b> </b>	BA: OFMU						
Screen Type	Depth to Bottom - Feet	Top of La	p Pipe or Reduction in Casing						
30h40		<u> </u>	FEET IF TELESCOPED O ONE SCREEN: USE						
I portific that the well we	a drillad constructed o		-d indid		1.1.				
I certify that the well was Requirements of the Mi									
Department of Health re			(		- <b>-</b>				
a. homen D.			U-15-N-3		٠.				
Signature of Licensed D	Filler and License No.		Date						
	0-656								
	Additional Inf	ormation R	equired On Back						

If well telescopes please sketch and show depths.									
			<del></del> ,						
GROUND LEVEL									
					······································				
	SECTION  Please indicate well location X.  Pump Capacity (GPM)   No. of Stages   Setting Depth								
	PUMP	TEST		· · ·		<del></del> .	·····	FT.	
	Well yielded GPM with  a drawdown of ft.  after hours of pumping								
	LOG DATA  TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe)								
	Name of Organization Running Log  GEOLOGIC DATA (Office Use Only)								
	Surtac		Geolog			lickness	Depth to		
	Subs.	SWL	Date		Analys	is	Aquifer	Test	
	Driller's Remarks								
								_	
If more than one screen, show location of each on sketch.				• · · · · · · · · · · · · · · · · · · ·					