COMMITTELLICATED	MIS	SISSIPPI D	EPARTMENT OF ENVI	RONME	NTA I					
COUNTY WELL LOCATED HOLL RIVET	PERMIT NUMBER			QU	ALITY					
WEST NUMBER CODED			Office of Land and Wa	ter Resc	ources					
	MAME OF DRILLING FIRM	swell		O. Box						
DATE WELL COMPLETED			Jackson, MS WATER WELL DI	3 39289 RILLERS)-0631 3 LOG					
NAME & MAILING ADDRESS OF LAP	IDOWNER		PUMP DATA							
1 Danny D'M	leil	PUMP TY	PE (Circle One):							
1191 Tossli)	illiams	Submersi Other (De	ble, Turbine, Jet escribe)	Flowing	g Well,					
Latitude: \land	-0.	POWER T	YPE (Circle One): Tractor, Diesel, Gaso	lina B	utana					
Longitude:	10 MS 39470	Other (Describe) H/P								
WELL LOCATION SEC	TOWNSHIP RANGE	DESCRIPTIO	N OF FORMATIONS ENCOUNTERED	FROM	то					
33	2 8 14 W	ļ:	Sand	10	50					
DISTANCE DIRECTI	ON NEAREST TOWN		Sand	100	100					
OTHER LANDMARK	or repairing									
		ļ		 						
WELL PURPOSECTION, Irrigation, M	unicipal, Industrial, Fish Pond, etc.									
WELL C	DATA "			-						
Well Depth Casing Diameter	(in.) Casing Length (Ft.)									
$\frac{175}{3}$	1105									
Type of Casing Hole Depth	Depth to Static Water Level									
TYPE OF COMPLETION: (Cir Gravel Packed, Underro	, ,									
Natural Development,	Open Hole, Other		DECEMEN							
(Describe)		ļ	NEUEIVED							
WELL GROUTED TO A DEI Type Grout (circle one): Cer			JAN 14 2003							
SCREEN	DATA									
Diameter - Inches Length - Feet	Slot Size - Inches	 	BY: OLWR							
Screen Type	Depth to Bottom - Feet	Top of La	Pipe or Reduction in Casing							
Schul		FEET IFTELESCOPED OR MORE THAN								
· · · · · · · · · · · · · · · · · · ·		ا	FEET ONE SCREEN: USE	BACK PAGE						
I certify that the well wa Requirements of the Mi										
Department of Health re			onun Quality and of the f	***************************************	77.					
	,		17 70 0							
Jehnny Jean	/VO(N		19 20 C) J	-					
Signature of Licensed L	Oriller and License No.		Date							
/	07050				1					
Additional Information Required On Back										

If well telescopes please sketch and show depths.									
GROUND LEVEL			<u> </u>						
	·								i
	·								
		SECTION Please indicate well location X.							
		Pump Capacity (GPM) No. of Stages Setting Dep					FT.		
		PUMPTEST							
		Well yielded GPM with a drawdown of ft.							
		after hours of pumping							nping
·	-	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) Surface Elev. Geologic Unit Unit Thickness Depth to Top							
		Subs.	SWL	Date		ļ	lysis	Aquife	
		Driller's Remarks Aul + Sot Casing							
									<u>J </u>
If more than one show location of									