COUNTY WELL LOCATED	MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL								
WELL NUMBER CODED	PERMIT NUMBER	Office of	Land and Wat		ALITY				
	1								
Q-30	M 6 ores Water	Miell Service	P. 6	O. Box	10631				
DATE WELL COMPLETED	ZIP M D	DOCTO TO CE	Jackson, MS	39289	9-0631				
3-19-04 NAME & MAILING ADDRESS OF L	ANDONNER A	Wiggins, WATER WELL DRILLERS LOG							
		PUMP DATA							
Glen Wea		PUMP TYPE (Circle O	ne):						
1098 Hwy 29. Wiggins, N		Submersible, Tur Other (Describe)	rbine, (Jet)	Flowin	g Well,				
Latitude:	111111111111111111111111111111111111111	Electric Tractor.	One): Diesel, Gasol	ine. B	utane.				
Longitude:		Other (Describe)	Н/Р	-					
WELL LOCATION. SEC TOWNSHIP RANGE		DESCRIPTION OF FORMATI	ONS ENCOUNTERED	FROM	то				
23		+opsoi	.1	11	21				
DISTANCE DIREC		red sandy	clay	21	10'				
5 Miles NOF	th or Wiggins	Whitesal	7d	10'	30				
OTHER LANDMARK		redsoups		30'	34				
HINV 29		COAYSOLUI	hite sand	34	102				
	Municipal, Industrial, Fish Pond, etc.				<u> </u>				
			-		ļ				
WELL			<del></del>						
Well Depth Casing Diame									
102' 2'									
Type of Casing Hole Depth	Depth to Static Water Level								
17/C 1102				I IL # pomos ;	GE 45.				
TYPE OF COMPLETION: (Circle One or More):  Gravel Packed, Underreamed, Telescoped,		<u>                                     </u>	NEUE	VE	1				
Natural Development, Open Hole, Other (Describe)		<u> </u>							
`			MAR 2 4	2004					
WELL GROUTED TO A DEPTH OF FEET			DV. (V	# 17 R E.					
Type Grout (circle one): C	ement, Bentonite, or Mix		DA: OI	.VV ⊱	1				
SCREE	N DATA .								
Diameter - Inches Length - Fo	Stot Size - Inches		·						
2" 10	108	<u> </u>	<b>!</b>						
Screen Type	Depth to Bottom - Feet	Top of Lap Pipe or Red	uction in Casing						
PVCsch 40	102	FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE							
· · · · · · · · · · · · · · · · · · ·									
I certify that the well v	vas drilled, constructed a	nd completed in accor	dance with all	applica	ble				
Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi									
Department of Health	regulations and state law	s. <sub>.</sub>	•	•					
	- A.								
and pay anore 0-0533 3-21-04									
					-				
Signature of Licensed Driller and License No.  Date									

Additional Information Required On Back

If well telescopes please sketch and show depths.									
2221112121			<del></del>	<u></u>	···		·		1
GROUND LEVEL									
						****			
									:
		SECTION Please indicate well location X.							
		Pump Capacity (GPM) No. of Stages Setting Depth							
		PUMP TEST				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)							
auttern)		Name of Organization Running Log							
		GEOLOGIC DATA (Office Use Only)							
}		Surfac	e Elev.	Geolo	gic Unit	Unit	Thickness	Depth	10 Тор
ľ		Subs.	SWL	Date		Ana	lysis	Aquife	r Test
		Driller's Remarks							
•			,						
If more than one s									