COUNTY WELL EGGATED. MISS	SISSIPPI DEPARTMENT OF ENVIRONMENTAL
WELL NUMBER CODED PERMIT NUMBER	QUALITY Office of Land and Water Resources
SAME OF DRILLING FIRM	P. O. Box 10631
DATE WELL COMPLETED 2-24=03	Jackson, MS 39289-0631 WATER WELL DRILLERS LOG
NAME & MAILING ADDRESS OF LANDOWNER	PUMP DATA
John R boades	PUMP TYPE (Circle One):
1233 7/4429	Submersible, Turbine, (Jet Flowing Well, Other (Describe)
Latitude: Whoghe MA.	POWERTYPE (Circle One): Electric Tractor, Diesel, Gasoline, Butane, Offier (Describe) H/P
WELL LOCATION SEC TOWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO
26 71 \$ 10 W	10ps/61 0 2
DISTANCE DIRECTION NEAREST TOWN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER LANDMARK	20mong chang 27
OTHER LANDMARK	White Plan 34 83
WELL PURPOSE: Home Irrigation, Municipal, Industrial, Fish Pond, etc.	
	Course Sand 85 94
WELL DATA	
Well Depth Casing Diameter (In.) Casing Length (Ft.)	
Type of Casing Hole Depth Depth to Static Water Level	
PYC 194 45	RECEIVED
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped,	1115
Natural-Development, Open Hole, Other (Describe)	MAR 1.7 2003
WELL GROUTED TO A DEPTH OF 10 FEET	BV: OI WB
Type Grout (circle one): Cement, Bentonite, or Mix	
SCREEN DATA	
Diameter - Inches Length - Feet Stot Size - Inches	
3" 5" 8	\
Screen Type Depth to Bottom - Feet	Top of Lap Pipe or Reduction in Casing
pre 179	FEET IFTELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
I certify that the well was drilled, constructed an Requirements of the Mississippi Department of Department of Health regulations and state laws	Environmental Quality and/or the Mississippi
Frank CAME. 450	
Signature of Licensed Driller and License No.	Date

Additional Information Required On Back

If well telesc sketch and s					•				
GROUND LEVEL									
		Pump	Pleas	SECTION. e indicate	well loc	ation			
		PUMP TEST Well yielded GPM with a drawdown of ft. after hours of pumping							
	3	LOG DATA TYPE OF LOG RUN (Circle One): No Log Run. Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) Name of Organization Running Log						g Run.	
		Surface Subs.	e Elev.	Date Analysis			Depth to Top Aquifer Test		
If more than one s									