| COONTY WELL LO                                                        | DCATED                                                                                |                  | MIS                                                                                                          | SISSIPPI DE                                                     | PARTMENT                                                              | OF ENVIR                                | ONMENTAL     |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|--------------|
| WELL NUMBER CODED PERMIT NUMBER                                       |                                                                                       |                  | QUALITY Office of Land and Water Resources                                                                   |                                                                 |                                                                       |                                         |              |
| 1 3/18 11                                                             |                                                                                       |                  |                                                                                                              |                                                                 |                                                                       |                                         |              |
| DATE WELL COMPLETED                                                   |                                                                                       |                  | 040K30H, MIC 03203-000-1                                                                                     |                                                                 |                                                                       |                                         |              |
| NAME & MAILING ADDRESS OF LANDOWNER                                   |                                                                                       |                  |                                                                                                              | WATER WELL DRILLERS LOG                                         |                                                                       |                                         |              |
|                                                                       | , Distor                                                                              |                  | PUMP DATA                                                                                                    |                                                                 |                                                                       |                                         |              |
|                                                                       |                                                                                       |                  | PUMP TYPE (Circle One):  Submersible, Turbine, Jet Flowing Well,  Other (Describe)                           |                                                                 |                                                                       |                                         |              |
| RR Tylerlouni                                                         |                                                                                       |                  |                                                                                                              | POWER TY                                                        | POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, |                                         |              |
|                                                                       |                                                                                       |                  |                                                                                                              | Other (Des                                                      |                                                                       | esel, Gasolin                           | Butane,      |
| WELL LOCATION: SEC TOWNSHIP RANGE  N E  N E                           |                                                                                       |                  |                                                                                                              | Pump Capacity                                                   | (GPM) No. of Sta                                                      | ges Setting Dep                         |              |
| DISTANCE                                                              | DIRECTIO                                                                              | NEAREST          | TOWN                                                                                                         | PUMP TEST                                                       |                                                                       | 1,00                                    | 11.          |
| OTHER LANDMARK                                                        |                                                                                       |                  |                                                                                                              | Well yieldedSO GPM with                                         |                                                                       |                                         |              |
| OTHER LANDWARK                                                        |                                                                                       |                  |                                                                                                              | a drawdown offt.                                                |                                                                       |                                         |              |
| WELL.PURPOSE: Home, rrigation, Municipal, Industrial, Fish Pond, etc. |                                                                                       |                  |                                                                                                              | after hours of pumping                                          |                                                                       |                                         |              |
| WELL DATA                                                             |                                                                                       |                  |                                                                                                              | LOG DATA                                                        |                                                                       |                                         |              |
| Well Depth Casing Diameter (In.) Casing Length (Ft.)                  |                                                                                       |                  | TYPE OF LOG RUN (Circle One): (O Log Run<br>Electric, Gamma Ray, Density, Sonic, Neutron<br>Other (Describe) |                                                                 |                                                                       |                                         |              |
| Type of Casing                                                        |                                                                                       |                  |                                                                                                              |                                                                 | nization Running Log                                                  |                                         |              |
| TYPE OF COM                                                           | 150'                                                                                  | le One or More): | Ivallie of Organ                                                                                             | iization Adming Lo                                              | J                                                                     |                                         |              |
| Matural Development, Open Hole, Other                                 |                                                                                       |                  |                                                                                                              | GEOLOGIC DATA (Office Use Only)                                 |                                                                       |                                         |              |
| (Describe)                                                            |                                                                                       |                  |                                                                                                              | Surface Elev.                                                   | Geologic Unit                                                         | Unit Thickness                          | Depth to Top |
|                                                                       | WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): Cement, Bentonite, of Mix |                  |                                                                                                              | Subs. SWL                                                       | Date                                                                  | Analysis                                | Aquifer Test |
|                                                                       | SCREEN                                                                                |                  | Driller's Remarks                                                                                            |                                                                 |                                                                       |                                         |              |
| Diameter - Inches                                                     | Length - Feet                                                                         | Slot Size - In   | ches                                                                                                         |                                                                 | , , , , , , , , , , , , , , , , , , , ,                               |                                         |              |
| Screen Type                                                           |                                                                                       | Depth to Bottom  | - Feet                                                                                                       | Top of Lap                                                      | Pipe or Reduction                                                     | on in Casing                            |              |
| PVC 150.                                                              |                                                                                       |                  |                                                                                                              | A                                                               |                                                                       | LESCOPED OR M                           | ORE THAN     |
| DESCRIPTION OF F                                                      | ORMATIONS ENC                                                                         | DUNTERED FROM    | то .                                                                                                         | FORM                                                            | A TITONS LOOMTING                                                     | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ROM TO       |
| TOO SOIL 0 5                                                          |                                                                                       |                  | 5                                                                                                            | 11/1                                                            |                                                                       | 7                                       |              |
| red clay, 5 30                                                        |                                                                                       |                  | 30                                                                                                           | M                                                               | <u> </u>                                                              | 2 1996                                  | 4 (a (a (d ) |
| Sand                                                                  | Sand +/grave 30 100                                                                   |                  |                                                                                                              |                                                                 | DEC 0                                                                 | 6 1330                                  | · ·          |
| red du 100 120                                                        |                                                                                       |                  |                                                                                                              |                                                                 |                                                                       | SUC Istoman                             | all:         |
| Fine sound total 40 150                                               |                                                                                       |                  |                                                                                                              | Dept. of Environmental Quality Office of Land & Water Resources |                                                                       |                                         |              |
| COUTSE SCHOOL VARIANT TO IND CHICE OF LAND & TOWN.                    |                                                                                       |                  |                                                                                                              |                                                                 |                                                                       |                                         |              |
|                                                                       |                                                                                       |                  |                                                                                                              |                                                                 |                                                                       |                                         |              |
|                                                                       |                                                                                       |                  |                                                                                                              |                                                                 |                                                                       |                                         |              |
|                                                                       | -                                                                                     |                  |                                                                                                              |                                                                 |                                                                       |                                         |              |
|                                                                       |                                                                                       |                  | <u></u>                                                                                                      | IF MORE SPACE                                                   | IS NEEDED, USE B                                                      | ACK                                     |              |

| if well telescopes please sketch and show depths. |                                                                  |
|---------------------------------------------------|------------------------------------------------------------------|
| GROUND LEVEL                                      | SECTION Please indicate well location X.  ADDITIONAL INFORMATION |
|                                                   |                                                                  |

If more than one screen, show location of each on sketch.