| COUNTY WELL LOCATED | Mis | SISSIPPI D | EPARTMENT OF ENVIR | 1.0 | | | | | | | |
|---|---------------------------------------|---|--|-------------|--------------|--|--|--|--|--|--|
| WELL NUMBER CODED | PERMIT NUMBER | , | QUALITY Office of Land and Water Resources | | | | | | | | |
| L-2130 | NAME OF DRILLING FIRM 11 | | | | | | | | | | |
| | F. + 75exald Well | Serra | | O. Box | | | | | | | |
| 1-4-02 | | Jackson, MS 39289-06 WATER WELL DRILLERS LC | | | | | | | | | |
| NAME & MAILING ADDRESS OF LAND | DOWNER | | PUMP DATA | | | | | | | | |
| BILLY GILL FABI | | | PE (Circle One): | | | | | | | | |
| Hines Circle | out me | Submersi Other (De | Submersible, Turbine, Jet Flowing Well, Other (Describe) | | | | | | | | |
| Latitude: | ωy/ια / · · · · · | POWER T | TYPE (Circle One): Tractor, Diesel, Gasol | ine R | utana | | | | | | |
| Lantude. Longitude: | | Other (Describe) H/P | | | | | | | | | |
| WELL LOCATION. SEC. 1 | TOWNSHIP RANGE | DESCRIPTIO | N OF FORMATIONS ENCOUNTERED | | то | | | | | | |
| 29 | 1 8 8 W | Cle | ay. | 0 | 20 | | | | | | |
| DISTANCE DIRECTIO | | Sai | nd | 20 | 60 | | | | | | |
| 4 Miles Fast | t of Osykai | gra | ie. | 60 | 80 | | | | | | |
| OTHER LANDMARK | | 1/1 | W | 80 | 100 | | | | | | |
| | ′ | Sa | | 100 | 120 | | | | | | |
| WELL PURPOSE: Home. Irrigation, Mu | inicipal, Industrial, Fish Pond, etc. | 10413 | se sand tgravel | 120 | 130, | | | | | | |
| . 🗸 : | | | | | - | | | | | | |
| WELL D | | | | | | | | | | | |
| Well Depth Casing Diameter (| (In.) Casing Length (FL) | | | | | | | | | | |
| Type of Casing Hole Depth | Depth to Static Water Level | | | | | | | | | | |
| TYPE OF COMPLETION: (Circ | | | | | | | | | | | |
| Cravel Packed Underreamed, Telescoped, Natural Development, Open Hole, Other | | | | | ×. | | | | | | |
| (Describe) | | <u> </u> | | | * . | | | | | | |
| WELL GROUTED TO A DEP | THOF 10 FEET | | | | k | | | | | | |
| Type Grout (circle one): Cem | | | | | | | | | | | |
| SCREEN | | <u> </u> | read 4 | -02 | | | | | | | |
| Diameter - Inches Length - Feet | Stot Size - Inches | <u> </u> | RECO JAN 17 | <u> </u> | 724 | | | | | | |
| 4'' 10' | ,012 | - { | WEAR ALT. | | | | | | | | |
| Screen Type | Depth to Bottom - Feet | Top of La | p Pipe or Reduction in Casing | 1 To 1 | <u> </u> | | | | | | |
| PVC | 130 | IF TELESCOPED OR MORE THAN | | | | | | | | | |
| | | | FEET ONE SCREEN: USE 8 | | | | | | | | |
| I certify that the well was | e drilled constructed a | nd complet | ed in accordance with all | annlica | hle | | | | | | |
| Requirements of the Mis | | | | | | | | | | | |
| Department of Health reg | | | Mus & | ALUU | PP* | | | | | | |
| | 1 | | | | | | | | | | |
| D. 197. | 11 NOa | | 1 4-00 | | | | | | | | |
| Drad Frygu | My Udy | 1-7-04 | | | | | | | | | |
| Signature of Licensed Di | riller and License No. | | Date | | | | | | | | |
| | | | | | | | | | | | |
| Additional Information Required On Back | | | | | | | | | | | |

| if well telescopes please sketch and show depths. | | | | | | | | | | |
|---|---|--|--|------|------------|-----|--------------|--------|-----|--|
| | | | | | | | | | | |
| GROUND LEVEL | | | | | | | | | | |
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| · | | | | | · | | | | | |
| | | SECTION 29 | | | | | | | | |
| | | Please indicate well location X. Pump Capacity (GPM) No. of Stages Setting Depth | | | | | | | | |
| | | | | J, | 10. UI GIZ | yes | oetting cept | | FT. | |
| | | PUMPTEST | | | | | | | | |
| | | Well yielded GPM with a drawdown of ft. | | | | | | | | |
| | | a drawdown or π. 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) Surface Elev. Geologic Unit Unit Thickness Depth to Top | | | | | | | | |
| | | Subs. | | Date | | _ | alysis | Aquife | | |
| | | Driller's Remarks | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| If more than one: | | | | | | | | | | |
| show location of | | | | | | | | | | |