COUNTY WELL LOCATED	Mis	ssissippi [DEPARTMENT OF ENVIRONMENT	ΓΑ						
WELL NUMBER CODED	PERMIT NUMBER		QUALITY Office of Land and Water Resource							
C- 111	MAME OF DRILLING FIRM	- 1	_							
DATE WELL COMPLETED	Romesunta	gwell	P. O. Box 106 Jackson, MS 39289-06							
0-2-05		·	WATER WELL DRILLERS LO							
NAME & MAILING ADDRESS OF LAN	NDOWNER . !		PUMP DATA							
Hony Sint	th		PE (Circle One):							
212x H.W	11. Incl	Submersi Other (De	escribe)	ell,						
Latitude:	X10 CXJT	POWER T	TYPE (Circle One): Tractor, Diesel, Gasoline, Butar	- 						
Longitude: Wigam	1c, mc 395771	Other (De		16, —						
WELL LOCATION. SEC	TOWNSHIP RANGE	DESCRIPTIO	ON OF FORMATIONS ENCOUNTERED FROM	TO						
<u> </u>	J& IL ®	 	- Cay 1816	<u>ት</u>						
DISTANCE DIRECTI	NEAREST TOWN		DUVEL 10 10	ŽĻ.						
OTHER LANDMARK	- " MAAILD									
		ı 								
WELL PURPOSE Hono, Irrigation, M	iunicipal, Industrial, Fish Pond, etc.									
WELL				_						
Well Depth Casing Diameter	(In.) Casing Length (Fi.)									
Type of Casing Hole Depth	Depth to Static Water Level 45									
TYPE OF COMPLETION: (Cir	rcle One or More): reamed, Telescoped,	i 		-						
Natural Development, (Describe)	Open Hole, Other			_						
		,								
WELL GROUTED TO A DEI Type Grout (circle one): Cer		l								
SCREEN	DATA			_						
Diameter - Inches Length - Feet										
4 100	<u> </u>	, \ <u> </u>	l i							
SCR 4D	Depth to Bottom - Feet	Top of Lap	p Pipe or Reduction in Casing							
<u> </u>	ت نیز در	<u> </u>	FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE							
I certify that the well w	es drilled constructed :	and complet	ted in accordance with all applicable	•						
Requirements of the Mi	ississippi Department o	of Environme	ental Quality and/or the Mississippi							
Department of Health re	gulations and state law	ECEN	/EN							
	1 1.		1 20 .							
belong UM	men !	JUL 0 3 2	2003 <u>6-29-03</u>							
Signature of Licensed D	Priller and License No.		Date							
Ţ	JUDGO BI	Y: OLV	NK							
Additional Information Required On Back										

	scopes please show depths.		,									
GROUND LEVEL	T		· -	_			T					
				+								
				-			+					
				-			+					
	SECTION Please indicate well location X.											
		Pump (Please Capacity (G						FT.			
	PUMP TEST 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)											
	Name of Organization Running Log											
,		GEOLOGIC DATA (Office Use Only) Surface Elev. Geologic Unit Unit Thickness Depth to Top										
		Subs.		Date	gic umi	Analysis		ļ				
	e	Driller's Remarks				Analysis Aquifer Test						
	omerationals											
'							****					
If more than one	- 11											