COUNTY WELL LOCATED	MIS	SSISSIPPI D	EPARTMENT OF ENVI			
WELLNINGER CODED PERMIT NUMBER			QUALITY Office of Land and Water Resources			
NAME OF DRILLING FIRM		\@				
DATE WELL COMPLETED		<u>Jeu</u>	Jackson, MS 39289-0631			
NAME & MAILING ADDRESS OF LANDOWNER		SEMO.	WATER WELL DR	ILLERS	SLOG	
, (PUMP DATA			
HENSON AR COLDWATER		Submersi Other (De	PUMP TYPE (Circle One): Submersible Turbine, Jet Flowing Well, Other (Describe)			
Latitude: Longitude:		Electric	POWER TYPE (Circle One): Electric Tractor, Diesel, Gasoline, Butane, Other (Describe) H/P			
WELL LOCATION. SEC	TOWNSHIP RANGE		N OF FORMATIONS ENCOUNTERED	FROM	то	
<u> R-33</u>	TEYS RY &	700	SOIC	0	10	
DISTANCE DIRECTI	1		() Oral	اعرتر	100	
Miles	I of COCHWATER	, Ma		10	18	
OTHER LANDMARK		RED	SION + CRAVE(18	30	
WELL PURPOSE: Home, Irrigation, Mi	unicipal, Industrial, Fish Pond, etc.	with	TE CITY	30	70	
WELL D		1. Afri	ESmo -CIM	-7/)	10	
Well Depth Casing Diameter	(In.) Casing Length (FL)	07//	2017-00 0 01/19	70	770	
Type of Casing, Hole Depth	Depth to Static Water Level	WHI	TE SAN	100	147	
TYPE OF COMPLETION: (Cire		.				
Gravel Packed, Underre Natural Development,	oamed, Telescoped, Open Hole Other					
(Describe) W95/1/8	0 SAD		RECEIVED		_	
WELL GROUTED TO A DEF						
Type Grout (circle one): Cen			OCT 2 4 2002			
SCREEN Diameter - Inches Length - Feet			BY: OLWP			
6/4 /6	14771005		Same II a Committee in a ti	ı		
Screen Type Depth to Bottom - Feet		Top of Lap	Top of Lap Pipe or Reduction in Casing			
poc	1/97		FEET ONE SCREEN: USE BACK PAGE			
<u> </u>			TEET ORESCREEN, USE 8	ACK PAGE		
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi						
Department of Health regulations and state laws.						
7/1/1/0-645 10-19-07						
Signature of Licensed Driller and License No. Date					-	
· ·						

Additional Information Required On Back

If well telescopes please sketch and show depths.	
GROUND LEVEL	
·	
	SECTION <u>B-3</u> 3 Please indicate well location X.
	Pump Capacity (GPM) No. of Stages Setting Depth PUMP TEST 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)
	Name of Organization Running Log
	GEOLOGIC DATA (Office Use Only) Surface Elev. Geologic Unit Unit Thickness Depth to Top
	Subs. SWL Date Analysis Aquifer Test
	. Driller's Remarks
If more than one screen, show location of each on sketch.	