COUNTY WELL LOCATED MIS			SS	ISSIPPI C	EPARTMENT OF	: ENVII	RONME	ΝΤΔΙ				
WELL NUMBER CODED PERMIT NUMBER					QUALITY Office of Land and Water Resources							
_395					:	Office of Land a	na wai	er Hes	ources			
B-0112 NAME OF DRILLING FIRM					Ecc P. O. Box 1063							
DATE WELL COM	1-02	Mi.	WING +0	_	Jackson, MS 39289-063 WATER WELL DRILLERS LOC							
NAME & MAILING ADDRESS OF LANDOWNER					PUMP DATA							
CHUE OFFISH CHUICH				Ì	PUMP TYPE (Circle One):							
HW 306 COLDWATER					Submersible: Turbine, Jet Flowing Well, Other (Describe) POWER TYPE (Circle One):							
Latitude:	*			١ ،	Electric, Tractor, Diesel, Gasoline, Butane,							
Longitude:					Other (Describe) H/P							
WELL LOCATION	SEC	TOWNSHIP	RANGE			N OF FORMATIONS ENCO	UNTERED	FROM	то			
	(-34	7-4	<u>(s) 1.7 (v)</u>		70	POPL		0	<u>ڪ</u>			
DISTANCE	DIRECTIO	N	NEAREST TOWN		020	0144. 646	2 10 1	 	1 36			
	Miles	of	COLWATER		RED	Claya GRA	<u>UEC</u>	2	30			
OTHER LANDMAR	ıK				WHITE	50-04 C1	M	<i>3</i> 0	118			
WELL PURPOSE: H	Home, Irrigation, Mi.	unicipal, Ind	ustrial, Fish Pond, etc.						" 10			
CHIRCH					FINE	WHITE SA	<u>-0</u>	110	140			
	WELL D	ATA			-400	WHOLE 50	- A	469	1,5-			
Well Depth	Casing Diameter	(ln.)	Casing Length (Ft.)		WED	wille Jo	70	140	150			
152	4.	· '	150					,				
Type of Casing	Hole Depth	Depth to	Static Water Level									
PVC	150		70									
TYPE OF COM Gravel Packed.	IPLETION: (Circ Underre		r More): Telescoped.						·			
Natural Development, Open Hole, Other									, , , , , , , , , , , , , , , , , , ,			
(Describe) WHSHED AND						FCEIVEL)	, ³⁷ ,				
WELL GROUTED TO A DEPTH OF 10 FEET					E ST							
Type Grout (cir	cle one):(Cerr	mit Ber	ntonite, or Mix		<u> </u>	AHG 2 2 2002						
	SCREEN	DATA		΄ Ι	ļ	A1	-					
Diameter - Inches	Length - Feet		Slot Size - Inches	1		V-OLWI	1					
Ju	100	. /	14 THOUS.	1	!		ļ		į :			
Screen Type	<u></u>	Depth	to Bottom - Feet		Top of Lap	Pipe or Reduction in (Casing					
~~~	<u> </u>		<u>/ンみ」</u>		IF TELESCOPED OR MORE THAN							
						FEET   ONE SCRE	EN: USE B	AÇK PAGE				
I certify that	the well wa	s drilled	1, constructed a	and	l complete	ed in accordance wental Quality and/o	vith all	applica	ble			
Department	of Health re	gulation	i Department on as and state law	vs.	муноние	miai Quanty and/o	r me iv	11551551]	)pı			
	04	<u>'</u>										
9 Ch.	XXI	1 1	0-645			<b>K</b> -	78	-00	<del>)</del>			
Signature of Licensed Driller and License No.							Date		- 1			
Diguature or	-Diccinscu Di	inici an	id Diccise 140.			•	Date		I			

Additional Information Required On Back

If well telesc sketch and s										
GROUND LEVEL			<del></del>		X					
·						÷				
		SECTION								
		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						
			GEOLC	GIC DAT	A (Office Unit Thick		nly) pth to Top			
		Subs. SWL Date Analysis Aquifer Test  Driller's Remarks								
1										
If more than one screen,										