••••							
COUNTY WELL LOCATED " MISS	ISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY						
WELL NUMBER CODED PERMIT NUMBER	Office of Land and Water Resources						
NAME OF DRILLING FIRM	B.O. Poy 10004						
G-100 MAjon water	P. O. Box 10631 Jackson, MS 39289-0631						
DATE WELL COMPLETED	WATER WELL DRILLERS LOG						
NAME & MAILING ADDRESS OF LANDOWNER See Howing to	PUMP DATA						
LOT 6	PUMP TYPE (Circle One):						
91 Lourels	Submersible Turbine, Jet Flowing Well,						
Sevatobia Ms.	Other (Describe) POWER TYPE (Circle One):						
Latitude:	Electric Tractor, Diesel, Gasoline, Butane,						
Longitude:	Other (Describe) H/P 3/						
WELL LOCATION. SEC TOWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO						
<u>35 5 % 7 % </u>	Clay dift 0 8						
DISTANCE DIRECTION NEAREST TOWN	grovel 8 15						
1/3 Miles E of Newstown	white clay 15 30						
OTHER LANDMARK	Coarse soud 30 50						
	wite clay 50 60						
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.	while soud GO 140						
WELL DATA							
Well Depth Casing Diaméter (In.) Casing Length (FL)	RECEIVED						
135 9 103							
Type of Casing Hole Depth Depth to Static Water Level	FEB 1.7 2004						
TYPE OF COMPLETION: (Circle One or More):							
Gravel Packed Underreamed, Telescoped, Natural Development, Open Hole, Other	BY: OLWR						
(Describe)							
WELL GROUTED TO A DEPTH OF 10 FEET							
Type Grout (circle one): Cement Bentonite) or Mix							
SCREEN DATA							
Diameter - Inches Length - Feet Slot Size - Inches							
9 10 1410							
Screen Type Depth to Bottom - Feet	Top of Lap Pipe or Reduction in Casing						
ρυς 135.	FEET ONE SCREEN: USE BACK PAGE						
I certify that the well was drilled, constructed an	d completed in accordance with all applicable						
Requirements of the Mississippi Department of							
Department of Health regulations and state laws	•						
Gones Woon Orcac	2-13-04						
Signature of Licensed Driller and License No.  Date							
Date Date Discussion District and Discussion 110.							

Additional Information Required On Back

			>-					
	copes please show depths.			,				
GROUND LEVEL				X				
·		,ta						
		SECTION 35 Please indicate well location X.						
		Pump (	Capacity (C	SPM) No. of Sta	ges Setting C		FT.	
		Wel	l yielde	ed				
		III i		n of				
		LOG DATA  TYPE OF LOG RUN (Circle One): No Log Run Electric, Gamma Ray, Density, Sonic, Neutron Other (Describe)						
		Name of Organization Running Log						
			GEOLO • Elev.	GIC DATA Geologic Unit	Unit Thickne		y) to Top	
		Subs.	SWL	Date	Analysis	Aquik	ır Test	
		Driller's Remarks  34 Wr- wn-6 bladder						
·	· 		,					
If more than one	screen.	<u> </u>			· · · · · · · · · · · · · · · · · · ·			

show location of each on sketch.