COUNTY WELL LO WELL NUMBER		PERMIT N	UMBER	MISSIS	SIPPI DEP	ARTME	NT OF EN Bureau of	VIRONMEN Land and W	ITAL QUALIT	
DATE WELL COM	234 PLETED	NAME OF	PRILLING	FIRM			WAT	Jackson, I	P. O. Box 1063 MS 39289-063 PRILLERS LOC	
NAME & MAILING	ADDRESS OF LAN	DOWNER					PUMP	DATA		
Muscadine FATMS				S	PUMP TYPE (Circle One): Submersible Turbine, Jet Flowing Well, Other (Describe)					
514 Atrold Ave Freenville, ms. 38701 WELL LOCATION: SÉC TOWNSHIP RANGE					POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) H/P Pump Capacity (GPM) No. of Stages Setting Depth					
20 10 8 8 W DISTANCE DIRECTION NEAREST TOWN					.			T .	FT.	
DISTANCE	DIRECTIO	ON .	NEAREST	TOWN	PUMP TES	T	1 . ~	01	<u> </u>	
OTHER LANDMARK					Well yielded GPM with					
					a draw	down o	f		ft.	
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.					after hours of pumping					
	WELL D	ATA	,			L	OG DA	Α		
Well Depth	Casing Diameter	(In.)	Casing Le	ngth (Ft.)	Electric,	Gamm	a.Ray, De	one): ensity, Sor	Ne Log Run, nic, Neutron,	
Puc	ype of Casing Hole Depth Depth to Static Water Level					Other (Describe) Name of Organization Running Log				
TYPE OF COMPLETION: (Circle One or More):										
Gravel Packed Underreamed, Telescoped, Natural Development, Open Hole, Other					GEOLOGIC DATA (Office Use Only)					
(Describe)	-				Surface Ele		logic Unit		Depth to Top	
Top of Lap Pipe or Reduction in Casing IF TELESCOPED OR MORE THAN					Subs. SWL	Date	,	Analysis	Aquifer Test	
FEET ONE SCREEN: USE BACK PAGE					Driller's Remarks					
Diameter - Inches	SCREEN I		ot Size - Inc	ches						
Screen Type	40			- 1						
Pue		1 .	4	- Feet						
DESCRIPTION OF F	ORMATIONS ÈNC	DUNTERED	FROM	ТО	FO	RMATIONS	(Continued)	T 6	ROM / TO	
TOPS		lar	D	27		TOWATION	(Continued)		HOM 7 10	
A	SARE		27	34		In	lear	ann a		
COLER :	sand 66	-LAUL	34	84	IVAELOLE IIVV 157771					
C/24			84	90			Carrie Carrie		SIIII	
						459	11DD -			
							APR S	3 19\$1		
						Done	of to			
···					<u>F</u>	Puropu.	OI EUNIO	nmental O	uality	
						onn f	" Lung &	inmental O Water Re	SOURCES	

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.	
GROUND LEVEL	
	X (
	SECTION _ 2 &Please indicate well location X.
	ADDITIONAL INFORMATION
i	
If more than one screen, show location of each on sketch	