COUNTY WELL LO Washi	ington		NUMBER	SSISSIPPI DEPARTMENT OF ENVIRONMENTA  QUALIT  Office of Land and Water Resource							
DATE WELL COM	OLETED .	NAME OF DRILLING FRAM  Irrigation Equipme  Indianola, MS				1					
4-6-0	01			ME	}	WATER WE	ELL DR	ILLER	SLOC		
NAME & MAILING South	ADDRESSOFIANI Rainbo	DOWNER W Fa	arms	Ī		PUMP DA	ATA .	<del></del>			
c/o A	<u> Agri-Wor</u>	<u>Ïd J</u>	inc.			YPE (Circle One):					
Box 1					Submersi Other (De	sible, (Yurbine)	Jet	Flowing	g Well,		
	ville,	MS_	38701	1		TYPE (Circle One)			<del></del>		
Latitude: Longitude:	<del></del>				Electric, Tractor, Qiesel, Gasoline Buta Other (Describe) H/P						
WELL LOCATION.		тоwnsніі 15N			Clay	ON OF FORMATIONS ENCO	UNTERED	<del></del>	70		
ne/ne			<u> </u>		Fine	brez		28	<u>28</u>   45		
DISTANCE	DIRECTIO		NEAREST TOWN			Sand/grave	7	45	55		
	Miles SW	or	<u> </u>					55	62		
OTHER LANDMAR	iK		ļ		Fine			62	$\frac{102}{71}$		
***** ************			7-7-4-4-4-	11			1		115		
	Home Irrigation Mui .gation	nicipai, inc	dustrial, Fish Pond, etc.						<u> </u>		
<u> </u>	WELL D	<u>^</u>	<del></del> J	1							
Well Depth	Casing Diameter (		Casing Length (FL)	1							
115	16	*****	75								
Type of Casing	Hole Depth	Depth to	O Static Water Level	$  \  $	İ						
pvc	115	2	21ft.		<u>                                     </u>	***************************************		1	<u> </u>		
TYPE OF COMPLETION: (Circle One or More):  Gavel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)											
WELL GROUT	ED TO A DEP	TH OF	FEET	1 1	ſ <u></u>			i	<u> </u>		
Type Grout (cir					PE	חים מעות חים					
	SCREEN (	DATA	<del></del>	۱	0 86-6	CD AUG 30	200	11			
Diameter - Inches	Length - Feet		Stot Size - Inches	i	<b></b>						
16	40		.050	1	·		1		1		
Screen Type		1 .	h to Bottom - Feet		Top of La	p Pipe or Reduction in (	Casing	<del></del>			
<del></del>	pvc	1 1	15			IF TELESC	•				
Requirement	its of the Mis	sissipp	oi Department o	of E ws.	Environme	ted in accordance v ental Quality and/o	with all	applica	able		
$\Delta$	- D-P	$'$ $\bigcup$	0-43	39		8-24-01		_			
Signature of	Licensed Dr	riller ar	nd License No.			<del></del> ,	Date		_		
			Additional In	for	mation R	equired On Back	•				

If well telesc sketch and s	opes please thow depths.			\					
GROUND LEVEL						×			
		SECTION							
		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)							
		Subs.	e Elev. SWL 's Remarks	Geologic Unit	Unit Thickne Analysis		ar Test		
If more than one screen,									