COUNTY WELL LOC	ATED		Mi	SSI	ISSIPPI D	EPARTMENT OF ENVI						
WELL NUMBER	CODED	PERMIT	NUMBER				ALITY					
<u>/</u>						Office of Land and Wat		Juices				
NAME OF DRIGHING FIRM					1511		O. Box					
DATE WELL COMPLETED 3					Jackson, MS 39209							
Dec. 8, 2003 BENTONIA, M.					59040	WATER WELL DE	ILLERS	S LOG				
NAME & MAILING AD	DRESS OF LAN	DOWNER				PUMP DATA						
10)00	ZAW J	561	STAU	1	PUMETY	RE (Circle One):						
Ridge land. Ms -					Submersible Turbine, Jet Flowing Well, Other (Describe)							
	-11700			1		YPE (Circle One):						
Latitude:				ľ	Electric Tractor, Diesel, Gasoline, Butane, Other (Describe)							
Longitude:												
WELL LOCATION.	SEC	TOWNSHI	P RANGE	1		N OF FORMATIONS ENCOUNTERED	FROM	TO				
	18		_ s w	5	DURF	ACE DEPOSITS	0	60				
DISTANCE	DIRECTIO	N	NEAREST TOWN	١ ١	SAN	ID '	60	80				
	Sont	#/ a	YARDOCTHA		4420	O CLAY	80	153				
OTHER LANDMARK			/ /		may	Dys BRANCH	153	170				
		,			JANDU	SHALE	170	360				
WELL PURPOSE: Hor	ne. Irrigation, Mu	nicipal. In	dustrial, Fish Pond, etc.	V	5 ANL	<u>) ' </u>	360	445				
					SHA	LE	445	530				
<u> </u>	WELL D	ATA		ΙV	5ANI)	530	555				
Well Depth C	VVELL D		Casing Length (Ft.)	1	541AL	E	555	600				
2/1/0	4	(111-1)	7/									
Type of Casing 1	tole Depth	Denth to	Static Water Level									
PUC	600	/	15									
TYPE OF COMPL				1		2000 Per 11/12	1					
Gravel Packed Natural Developm		amea, Open Ho	Telescoped, ole, Other			HEUDIVE	##F					
(Describe)		-,		Ιİ								
WELL COOLITE	D TÓ A DEC	71105	.)	ነ		DEC 1 1 2003						
WELL GROUTED TO A DEPTH OF 2 FEET Type Grout (circle one): Cement Bentonite, or Mix				1 1			-					
Type Groot (Gro	0 0110). 0011	ionit Do	THOTHE OF IVAN	J		BY- OLW	7					
	SCREEN	DATA				DI. Our.						
Diameter - Inches	Length - Feet		Slot Size - Inches	1								
4	180	. [· 0/3			1	i i					
Screen Type		Depti	h to Bottom - Feel		Top of Lap	Pipe or Reduction in Casing						
PUC	•	-	440			IF TELESCOPED OR	MORE THA	N				
•				' !		FEET ONE SCREEN: USE E	IACK PAGE					
						ed in accordance with all						
					nvironme	ental Quality and/or the N	Aississi	ppi				
Department of	f Health re	gulatio	ns and state lav	vs.								
		_				Δ						
60 C		7	1) 11 0	16	0	No. 1 9 20	12					
Signature of Licensed Driller and License No. Sex. 9-2003 Date												
Signature of I	icensed D	riller a	nd License No.			Date		ĺ				
								1				
			A 44121 1 7	C.	4! 🏲	amilia d O a D a d		·				
Additional Information Required On Back												

If well telescopes please sketch and show depths.										
GROUND LEVEL		PUMP Well a dr afte TYPE Elect Other	TEST I yielde	edLO	G DA	well pes TA	location Setting Dept	GPM	l with ft.	
	·	1					ffice Us			
		Subs.	e Elev. SWL	Geolog	w unn	ļ	l Thickness	Depth :		
		<u> </u>	's Remarks			<u> </u>	• 			
] -										
If more than one screen, show location of each on sketch.										