

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WELL LOCATED ALCORN		PERMIT NUMBER
WELL NUMBER B-2	CODED	NAME OF DRILLING PARTY NOBVEL Drilling Co.
DATE WELL COMPLETED 1-1-1950		

NAME & MAILING ADDRESS OF LANDOWNER
C. B. LUKER
Rt. 1, Corinth, MS.

Latitude:
Longitude:

WELL LOCATION: SEC **27** TOWNSHIP **15** RANGE **6E**
SE/NE/NE 27 15 6E W

DISTANCE _____ MILES _____ of _____
DIRECTION _____ NEAREST TOWN _____

OTHER LANDMARK _____

WELL PURPOSE Home Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet, Flowing Well,
Other (Describe) _____

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P **1/2**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>See Well Schedule</i>		

DO NOT REMOVE ORIGINALS

Top of Lap Pipe or Reduction in Casing _____ FEET
IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth 338	Casing Diameter (In.) 4	Casing Length (Ft.) 40
Type of Casing S	Hole Depth	Depth to Static Water Level Flowing

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe) _____

WELL GROUTED TO A DEPTH OF _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches	Length - Feet	Slot Size - Inches
Screen Type	Depth to Bottom - Feet	

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Signature of Licensed Driller and License No. _____
Date **10/7/03**

Additional Information Required On Back