OK Post 5/04

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources

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

COUNTY WELL LOCATED: Claiborne	PERMIT NUMBER: GW 12549
WELL NUMBER: F57 — CODED:	NAME OF DRILLING FIRM: Robert Ratliff
DATE WELL COMPLETED: 8/1/1982	

NAME & MAILING ADDRESS OF LANDOWNER
CS LT W/A
P.O.Box 850
Port Gibson, MS 39150

Latitude:
Longitude:

WELL LOCATION. SEC 1 TOWNSHIP 12 (N) S RANGE 2 (E) W

DISTANCE ____ Miles DIRECTION ____ of NEAREST TOWN ____

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
rural water assoc.

WELL DATA

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
505	12"	465
Type of Casing	**Hole Depth**	**Depth to Static Water Level**
S	518	142

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
6"	39'	.008
Screen Type	**Depth to Bottom ; Feet**	
SS	505'	

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 40

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO

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

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 ____

Well is UNUSED, they plan to plug

Additional Information Required On Back

Copied from USGS Well Schedule SAMM 5/19/04

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