

Revised

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
Desoto

WELL NUMBER CODED
A-107

DATE WELL COMPLETED
Sept 85'

PERMIT NUMBER
MSGW-129164

NAME OF DRILLING FIRM
Wilson Well Co Inc

NAME & MAILING ADDRESS OF LANDOWNER
LAKE FOREST WATER PLANT

WALLS WATER ASSN

Latitude:
Longitude:

WELL LOCATION: SEC TOWNSHIP RANGE
1 N 9 E

DISTANCE DIRECTION NEAREST TOWN
Miles of

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Water ASSN

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Red City	5	45
SAND	45	65
White City	65	75
White Coarse Sand	75	85
PCA Gravel	85	90
Yellow City	90	100
Yellow Clay + Lignite	100	120
Yellow Clay - Shell Duck	120	130
Yellow Clay Soft	130	140
Blue City med	140	162
Blue City HARD	162	174
Blue City med	174	180
Blue City HARD	180	204
Blue City med + HARD	204	240
SAND	240	270
Sand w/ Clay streaks	270	296
SAND	296	440

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

WELL DATA

Well Depth <u>440</u>	Casing Diameter (In.) <u>6</u>	Casing Length (Ft.) <u>359</u>
Type of Casing <u>PVC 40</u>	Hole Depth <u>440</u>	Depth to Static Water Level <u>114</u>

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

(Describe)

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

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>40</u>	Slot Size - Inches <u>1030</u>
Screen Type <u>304 S/S w/ m-2 Form</u>	Depth to Bottom - Feet <u>404</u>	

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.

Revised 10-9-02

Reed O. White 0-418
Signature of Licensed Driller and License No.

Date

Additional Information Required On Back