

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 <u>Forrest</u>	
WELL NUMBER <u>D-138</u>	CODED
DATE WELL COMPLETED <u>May 25 2004</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>1st Drilling</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Karnes hand pumps</u>			
<u>Providence sub division</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>1</u>	<u>T4</u>	<u>S R13 E</u>
DISTANCE	DIRECTION		NEAREST TOWN
<u>2</u> Miles	<u>SW</u>		<u>Humboldt</u>
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>5</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>top soil</u>	<u>0</u>	<u>5</u>
<u>clay</u>	<u>5</u>	<u>45</u>
<u>sand</u>	<u>45</u>	<u>60</u>
<u>clay</u>	<u>60</u>	<u>180</u>
<u>clay</u>	<u>180</u>	<u>265</u>
<u>sand</u>	<u>265</u>	<u>310</u>
<p>RECEIVED</p> <p><u>JUN 18 2004</u></p> <p>BY: OLWR</p>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>310</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>300</u>
Type of Casing <u>Pvc</u>	Hole Depth <u>310</u>	Depth to Static Water Level <u>145</u>
TYPE OF COMPLETION: (Circle One or More): <u>Natural Development</u> Gravel Packed, Underreamed, Telescoped, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, <u>Bentonite</u> , or Mix		

SCREEN DATA		
Diameter - Inches <u>4</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>12</u>
Screen Type <u>Pvc</u>	Depth to Bottom - Feet <u>310</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.

M. A. G. G. 0-629
Signature of Licensed Driller and License No.

_____ Date

Additional Information Required On Back