

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
JEFFERSON

A-50

DATE WELL COMPLETED
03-27-04

PERMIT NUMBER **0239**

NAME OF DRILLING FIRM
McGill Pump & Well

NAME & MAILING ADDRESS OF LANDOWNER
JIM BROOME

11315 N. SHORE DR.

Latitude: **BSL**

Longitude: **BSL**

WELL LOCATION: SEC **25** TOWNSHIP **5 N** RANGE **15 E**

DISTANCE **10** Miles DIRECTION **W** of NEAREST TOWN **Grpt.**

OTHER LANDMARK
OFF Hwy 90

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 _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
SAND / MUD / BROWN	20	40
MUD / WHITE	40	60
MUD / Blue	60	140
MUD / Sand / Blue	140	180
MUD / Blue	180	220
MUD / Sand / Blue	220	240
SAND / Blue	240	280

WELL DATA

Well Depth **280'** Casing Diameter (In.) **2"** Casing Length (Ft.) **260**

Type of Casing **PVC** Hole Depth **280** Depth to Static Water Level **80**

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

WELL GROUTED TO A DEPTH OF **10** FEET
Type Grout (circle one) **Cement**, Bentonite, or Mix

SCREEN DATA

Diameter - Inches **2"** Length - Feet **90'** Slot Size - Inches **.0026**

Screen Type **PVC** Depth to Bottom - Feet **280**

RECEIVED

APR 27 2004

BY: OLWR

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.

Michael McSill 0239
Signature of Licensed Driller and License No.

04/23/04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
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PUMP TEST

Well yielded _____ GPM with
 a drawdown of _____ ft.
 after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run
 Electric, Gamma Ray, Density, Sonic, Neutron,
 Other (Describe) _____

Name of Organization Running Log

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

If more than one screen,
 show location of each on sketch.