

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

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

*Marion*

COUNTY WELL LOCATED TO  
*Marion*

WELL NUMBER  
**E-133**

CODED

DATE WELL COMPLETED  
**7-18-02**

PERMIT NUMBER

NAME OF DRILLING FIRM  
*PROVIDE WELL SERV*

NAME & MAILING ADDRESS OF LANDOWNER  
*Patricia Ricci  
13424 Percy Lachera  
Papa Chryliah MS*

Latitude:  
Longitude:

WELL LOCATION: SEC **33** TOWNSHIP **6** RANGE **13** **E**

DISTANCE **5** MILES DIRECTION **SW** OF NEAREST TOWN **LIZANA**

OTHER LANDMARK  
**INSET 5**

WELL PURPOSE (Circle one)  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
MUD	0	10
SAND	10	30
MUD	30	40
SAND	40	70
GRAVEL	70	85
W MUD	85	120
SAND	120	160
W MUD	160	165
SAND	165	195
B CLAY	195	240
SAND	240	255

WELL DATA

Well Depth <b>255</b>	Casing Diameter (In.) <b>2</b>	Casing Length (Ft.) <b>245</b>
Type of Casing <b>PVC</b>	Hole Depth <b>255</b>	Depth to Static Water Level <b>86</b>

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 <b>2</b>	Length - Feet <b>10</b>	Slot Size - inches <b>.004</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>255</b>	

**RECEIVED**

**FEB 13 2003**

**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.

*Robert N. [Signature]* 0-6660  
Signature of Licensed Driller and License No.

**08-10-02**  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL


SECTION \_\_\_\_\_

Please indicate well location X.

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

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