

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

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

*Harrison*

COUNTY WELL LOCATED  
*Washington*

WELL NUMBER CODED  
*E-134*

DATE WELL COMPLETED  
*8-26-02*

PERMIT NUMBER

NAME OF DRILLING FIRM  
*WALTON WELLS INC.*

NAME & MAILING ADDRESS OF LANDOWNER  
*Urbair & Jacqui  
C. Urbair 4th  
Pass Christian MS*

Latitude:  
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE  
*32 6 N 13 E*

DISTANCE DIRECTION NEAREST TOWN  
*5 Miles SW of LIZANA*

OTHER LANDMARK

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
MUD	0	20
SAND	20	35
W CLAY	35	50
B CLAY	50	100
RESAND	100	110
W CLAY	110	120
B CLAY	120	295
SAND	295	310
B CLAY	310	320
SAND	320	335
B CLAY	335	395
SAND	395	430

**WELL DATA**

Well Depth <i>430</i>	Casing Diameter (In.) <i>2</i>	Casing Length (Ft.) <i>410</i>
Type of Casing <i>PVC</i>	Hole Depth <i>430</i>	Depth to Static Water Level <i>99</i>

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 <i>2</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>60</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>430</i>	

**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 A. Harrison*  
Signature of Licensed Driller and License No. *0-6600*

*09-20-02*  
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

*WELL ONLY*

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