

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 HARRISON	
WELL NUMBER E-137	CODED
DATE WELL COMPLETED 9-9-02	

PERMIT NUMBER
NAME OF DRILLING FIRM Deborah Woods Sr.

NAME & MAILING ADDRESS OF LANDOWNER
McL. Conduccion
20025 Patterson
Long Beach, MS

Latitude:
Longitude:

WELL LOCATION: SEC **13** TOWNSHIP **6 N** RANGE **13 E** (W)

DISTANCE **1 1/2** Miles DIRECTION **S** of NEAREST TOWN **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 SANDS	0	20
CLAY SANDS	20	30
CLAY SANDS	30	40
W CLAY	40	45
B CLAY	45	90
SAND	90	120
SAND	120	130
B CLAY	130	150
SAND	150	160
B CLAY SANDS	160	230
SAND	230	250

WELL DATA

Well Depth 250	Casing Diameter (In.) 2	Casing Length (Ft.) 240
Type of Casing PVC	Hole Depth 250	Depth to Static Water Level 84

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

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

SCREEN DATA

Diameter - Inches 2	Length - Feet 10	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 250	

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 [Signature] **0-6660** **10-08-02**
Signature of Licensed Driller and License No. 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

2004-17-01
w/very close sub.

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