

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>Harrison</u>	
WELL NUMBER <u>F-436</u>	CODED
DATE WELL COMPLETED <u>1-8-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Constal Drilling Service Co.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Mr. Moran</u> <u>1876 Country Farm</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <u>22</u>	TOWNSHIP <u>6^N</u>	RANGE <u>12^E</u>
DISTANCE <u>3</u> Miles	DIRECTION <u>W</u>	NEAREST TOWN <u>Lynon</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Home</u>			

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
<u>Topsoil</u>	<u>1</u>	<u>8</u>
<u>sugar sand</u>	<u>8</u>	<u>30</u>
<u>red clay</u>	<u>30</u>	<u>150</u>
<u>blue clay</u>	<u>150</u>	<u>190</u>
<u>fine sand</u>	<u>190</u>	<u>200</u>
<u>coarse water sand</u>	<u>200</u>	<u>220</u>

WELL DATA		
Well Depth <u>220</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>210</u>
Type of Casing <u>PVC</u>	Hole Depth <u>220</u>	Depth to Static Water Level <u>70</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underrreamed, Telescoped, Natural Development, <input checked="" type="checkbox"/> Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>15</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>220</u>	

RECEIVED	
FEB 09 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.

Debra Moran 0-209
Signature of Licensed Driller and License No.

2-3-04
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
15	14	80 FT.
PUMP TEST		
Well yielded <u>17</u> GPM with		
a drawdown of <u>0</u> ft.		
after <u>2</u> 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.