

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
Winston

WELL NUMBER: **F-448**

CODED: _____

DATE WELL COMPLETED: **5-13-04**

PERMIT NUMBER: _____

NAME OF DRILLING FIRM: *Casual Drilling Service*

NAME & MAILING ADDRESS OF LANDOWNER:
*Wesley Home
McBill Lake*

Latitude: _____
Longitude: _____

WELL LOCATION: SEC **24** TOWNSHIP **4 N** RANGE **12 E**

DISTANCE **4** Miles DIRECTION **W** of NEAREST TOWN **W**

OTHER LANDMARK: _____

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Home

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
<i>TOP</i>	<i>5</i>	<i>5</i>
<i>Super sand</i>	<i>5</i>	<i>15</i>
<i>clay</i>	<i>15</i>	<i>20</i>
<i>fine blue clay</i>	<i>20</i>	<i>33</i>
<i>fine blue clay</i>	<i>33</i>	<i>50</i>
<i>fine sand</i>	<i>50</i>	<i>55</i>
<i>Coarse Sand</i>	<i>55</i>	<i>56</i>

WELL DATA

Well Depth: *560* Casing Diameter (in.): *4 1/2* Casing Length (Ft.): *550*

Type of Casing: *PVC* Hole Depth: *560* Depth to Static Water Level: *100*

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

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

SCREEN DATA

Diameter - Inches: *2* Length - Feet: *10* Slot Size - Inches: *.006*

Screen Type: *PVC* Depth to Bottom - Feet: *560*

Top of Lap Pipe or Reduction in Casing: _____

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED

JUN 07 2004

BY: OLWR

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.

Dez Moore *0209*
Signature of Licensed Driller and License No.

6-2-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths:

GROUND LEVEL

[Handwritten notes and sketches in the left margin, including a vertical line and various scribbles.]

[Handwritten notes at the top right: "WARRANT", "LUBRICATED", "CHECK", "10/1/77"]

X			

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
15	7	100 FT.

PUMP TEST

Well yielded 15 GPM with a drawdown of 0 ft. after 2 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
OWC JWC

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks

[Handwritten notes in the bottom right section, including a large scribble.]

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