

**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  
Warren

WELL NUMBER CODED  
W-296

DATE WELL COMPLETED  
8-30-02

PERMIT NUMBER

NAME OF DRILLING FIRM  
Proctor Well Serv.

NAME & MAILING ADDRESS OF LANDOWNER  
Scott Maple  
Maple St  
Pocoquotum MS

Latitude:  
Longitude:

WELL LOCATION: SEC 35 TOWNSHIP 7 S RANGE 13 E

DISTANCE 1 Miles DIRECTION N of NEAREST TOWN DEKLSA

OTHER LANDMARK

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

**PUMP DATA**

PUMP TYPE (Circle One):  
Submersible, Turbine,  **Flowing Well**,  
Other (Describe)

POWER TYPE (Circle One):  
 **Electric**, Tractor, Diesel, Gasoline, Butane,  
Other (Describe) H/P 2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD	0	15
SAND	15	25
CLAY	25	30
SAND	30	70
CLAY	70	80
SAND	80	90
B CLAY	90	170
SAND	170	185
B CLAY	185	330
SAND	330	475

**WELL DATA**

Well Depth <u>475</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>453</u>
Type of Casing <u>PVC</u>	Hole Depth <u>475</u>	Depth to Static Water Level <u>81</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe)		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or <input checked="" type="radio"/> <b>Mix</b>		

**SCREEN DATA**

Diameter - Inches <u>2</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>475</u>	

Top of Lap Pipe or Reduction in Casing

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

**RECEIVED**

FEB 13 2003

**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.

Robert [Signature]  
Signature of Licensed Driller and License No.

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.
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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.