

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 V-2359	CODED
DATE WELL COMPLETED 3-8-02	

PERMIT NUMBER
NAME OF DRILLING FIRM Robert Wood Sr.

NAME & MAILING ADDRESS OF LANDOWNER Buten Howard 9240 Wheatley Rd Waco, Christian, MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC 24	TOWNSHIP 7 N	RANGE 13 E
DISTANCE 3 Miles	DIRECTION NE	NEAREST TOWN DEKALE	
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 2	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD	0	20
SAND	20	60
SAND & GRAVEL	100	110
MUD	110	120
GRAVEL	120	130
MUD - W	130	150
MUD - B	155	255
SAND	255	280

WELL DATA		
Well Depth 280	Casing Diameter (In.) 2	Casing Length (Ft.) 260
Type of Casing PVC	Mole Depth 280	Depth to Static Water Level 78

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 2	Length - Feet 20	Slot Size - Inches .006
Screen Type PVC	Depth to Bottom - Feet 280	

RECEIVED

JUL 11 2002

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 Wood Sr. 0-600
 Signature of Licensed Driller and License No.

04-02-02
 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) 001	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

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