

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 J-2368	CODED
DATE WELL COMPLETED 09-23-02	

PERMIT NUMBER 0039
NAME OF DRILLING FIRM McGill Pump
Well

NAME & MAILING ADDRESS OF LANDOWNER JANELL YARBOROUGH			
10053 Edwin Ladner Rd			
Latitude:			
Longitude: Pass Christian			
WELL LOCATION	SEC 18	TOWNSHIP 7	RANGE N 13 E
DISTANCE 5 Miles	DIRECTION EAST	NEAREST TOWN of KILN	
OTHER LANDMARK Edwin Ladner Road			
WELL PURPOSE (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.)			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Mud (Red)	0	20
SAND (Red)	20	40
Mud (Red)	40	60
Mud (blue)	60	280
SAND (blue)	280	320
SAND mud	320	370
Mud (blue)	370	360
Mud sand (blue)	360	360
SAND (blue)	380	400

WELL DATA		
Well Depth 400'	Casing Diameter (In.) 2"	Casing Length (Ft.) 380'
Type of Casing PVC	Hole Depth 400'	Depth to Static Water Level 60
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one) <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 20'	Slot Size - Inches .0006
Screen Type PVC	Depth to Bottom - Feet 400'	

RECEIVED	
OCT 17 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.

Signature of Licensed Driller and License No. Missig McGill 0239

Date 10-09-02

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

2000
10/20/00
10/20/00

2000	10/20/00	11.35	11/2
10/20/00	10/20/00	10/20/00	10/20/00
X	10/20/00	BI	
10/20/00	10/20/00	10/20/00	10/20/00

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
12	2	80	
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.