

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
CHEROKEE

WELL NUMBER 0-371 CODED _____

DATE WELL COMPLETED
07/15/04

PERMIT NUMBER 0239

NAME OF DRILLING FIRM
Kegill Pump & Well

NAME & MAILING ADDRESS OF LANDOWNER
CT of Mary Paymontt

5261 Paymontt Ln.
ArCADIA Rd.

Latitude: P.O.B. 527
Longitude: PASS CHRISTIAN MS

WELL LOCATION. SEC 7 TOWNSHIP 8 RANGE 18
(S 18 E)

DISTANCE 4 Miles DIRECTION N of NEAREST TOWN P.C.

OTHER LANDMARK
ArCADIA

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 _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>SAND</u>	<u>0</u>	<u>20</u>
<u>SAND</u>	<u>20</u>	<u>60</u>
<u>MUD</u>	<u>80</u>	<u>100</u>
<u>SAND</u>	<u>100</u>	<u>180</u>
RECEIVED		
JUL 19 2004		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing	FEET	
	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA

Well Depth <u>180'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>140</u>
Type of Casing <u>PVC</u>	Hole Depth <u>180</u>	Depth to Static Water Level <u>10'</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, 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 <u>2"</u>	Length - Feet <u>20'</u>	Slot Size - Inches <u>.0006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>180</u>	

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.

Michael McSue 0239
Signature of Licensed Driller and License No.

07/12/04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
PUMP TEST			
Well yielded _____ GPM with		a drawdown of _____ ft.	
after _____ hours of pumping			

LOG DATA

TYPE OF LOG RUN (Circle One):
 Electric, Gamma Ray, Density, Sonic, No Log Run, 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.