

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  
*Hinds*

WELL NUMBER CODED  
*#1*

*0-77*

DATE WELL COMPLETED  
*7-3-04*

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Water Well Service*

*Arnold Fincher Sr.*

NAME & MAILING ADDRESS OF LANDOWNER  
*Bruce Cargle*  
*Old Fort Gibson Rd*  
*Raymond, MS*

Latitude:  
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE  
*1 4 N 4 E*

DISTANCE DIRECTION NEAREST TOWN  
*4* Miles *W/S* of *Leavened*

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 *34*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Surface Sand</i>	<i>0</i>	<i>25</i>
<i>Clay</i>	<i>25</i>	<i>100</i>
<i>sand</i>	<i>100</i>	<i>120</i>
<i>Rock</i>	<i>120</i>	<i>180</i>
<i>sand</i>	<i>180</i>	<i>200</i>
<i>clay</i>	<i>200</i>	<i>210</i>

RECEIVED

AUG 02 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 <i>200</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>180</i>
Type of Casing <i>PVC</i>	Hole Depth <i>210</i>	Depth to Static Water Level <i>40</i>

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

WELL GROUTED TO A DEPTH OF *25* FEET  
Type Grout (circle one): Cement, Bentonite,  Mix

SCREEN DATA

Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>.08</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>180</i> <del><i>200</i></del>	

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.

*Arnold Fincher Sr. 0598*  
Signature of Licensed Driller and License No.

*7-28-04*  
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	
12	10	160	FT.

PUMP TEST

Well yielded 10 GPM with  
 a drawdown of 40 ft.  
 after 10 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.