COUNTY WELL LOCATED: Holmes

WELL NUMBER: W-244 | CODED:

DATE WELL COMPLETED: 4-15-03

PERMIT NUMBER:

NAME OF DRILLING FIRM: Thomas Drilling

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**
Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
**WATER WELL DRILLERS LOG**

NAME & MAILING ADDRESS OF LANDOWNER
Robert Glover
Hwy 14

Latitude:
Longitude: Goodman MS

WELL LOCATION: SEC 14 TOWNSHIP 19 (N) (S) RANGE 3 (E) (W)

DISTANCE 3 Miles DIRECTION W of NEAREST TOWN Goodman

OTHER LANDMARK
1/2 Mile E. of I-55

WELL PURPOSE: (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.) Home

## WELL DATA

| Well Depth | Casing Diameter (In.) | Casing Length (Ft.) |
|---|---|---|
| 120' | 2" | 115' |

| Type of Casing | Hole Depth | Depth to Static Water Level |
|---|---|---|
| PVC | 120' | 77' |

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 | Length - Feet | Slot Size - Inches |
|---|---|---|
| 2" | 5' | .010 |

| Screen Type | Depth to Bottom - Feet |
|---|---|
| PVC W.O.P. | 120' |

## 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 1

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---|---|---|
| Brown dirt & Clay | 0 | 6 |
| Sand & Clay | 6 | 14 |
| White Sand | 14 | 120 |

RECEIVED
APR 29 2003
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.

David L Thomas O-447
Signature of Licensed Driller and License No.

4-22-03
Date

Additional Information Required On Back