

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  
**Jackson**

WELL NUMBER  
**E 88**

CODED

DATE WELL COMPLETED  
**6-21-04**

PERMIT NUMBER

WATER DRILLING FIRM  
**Inst Water Well Service**

NAME & MAILING ADDRESS OF LANDOWNER  
**John + Charlotte Kinsey  
Kates Rd.**

Latitude:  
Longitude: **Vancleave, MS**

WELL LOCATION. SEC **6** TOWNSHIP **5 N** RANGE **8 E**

DISTANCE **1 1/2** Miles DIRECTION **NORTH** of **LAave** NEAREST TOWN

OTHER LANDMARK

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

PUMP DATA

PUMP TYPE (Circle One):  
Submersible, Turbine,  **Stal**  Flowing Well,  
Other (Describe) \_\_\_\_\_

POWER TYPE (Circle One):  
 Electric  Tractor,  Diesel,  Gasoline,  Butane,  
Other (Describe) \_\_\_\_\_ **H/P 2**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<b>Top Soil</b>	<b>0</b>	<b>2</b>
<b>Orange Clay</b>	<b>2</b>	<b>13</b>
<b>Brown Coarse Sand</b>	<b>13</b>	<b>40</b>
<b>Blue Clay 1/2 STR. OF SAND</b>	<b>40</b>	<b>350</b>
<b>Grey Medium Sand</b>	<b>350</b>	<b>370</b>

WELL DATA

Well Depth **370'** Casing Diameter (In.) **2"** Casing Length (Ft.) **355'**

Type of Casing **PVC** Hole Depth **370'** Depth to Static Water Level **85'**

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,  Mix

SCREEN DATA

Diameter - Inches **2"** Length - Feet **15'** Slot Size - Inches **.006**

Screen Type **PVC** Depth to Bottom - Feet **370'**

**RECEIVED**

**JUL 12 2004**

**BY: OLWR**

**355**

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.

*John Ritzdell* 472  
Signature of Licensed Driller and License No.

7/8/04  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 6

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
8.5	3		

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.