

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 <i>Jackson</i>	
WELL NUMBER <i>J-328</i>	CODED
DATE WELL COMPLETED <i>July 25, 04</i>	

PERMIT NUMBER <i>MFM well</i>
NAME OF DRILLING FIRM <i>8827 BoostHwy</i>
<i>Baline Mo.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>James Hungerford</i>	
<i>14401 Ramsey Oak Dr</i>	
<i>Vanaluce Mo</i>	
Latitude:	<i>39565</i>
Longitude:	

WELL LOCATION.	SEC	TOWNSHIP	RANGE
	<i>3</i>	<i>6 N</i>	<i>8 E</i>

DISTANCE	DIRECTION	NEAREST TOWN
<i>3</i> Miles	<i>E</i>	<i>Vanaluce</i>

OTHER LANDMARK
corner of Joe Butt Rd + Ramsey rd

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

WELL DATA

Well Depth <i>510</i>	Casing Diameter (In.) <i>4X2</i>	Casing Length (FT.) <i>490</i>
Type of Casing <i>PVC</i>	Hole Depth <i>510</i>	Depth to Static Water Level <i>110</i>

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

WELL GROUTED TO A DEPTH OF *14* FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <i>2 1/2</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>1.006</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>490-510</i>	

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
<i>white clay</i>	<i>0</i>	<i>20</i>
<i>sand</i>	<i>20-170</i>	
<i>gray clay</i>	<i>170-200</i>	
<i>green clay</i>	<i>200-440</i>	
<i>sand</i>	<i>44-510</i>	

RECEIVED

AUG 06 2004

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.

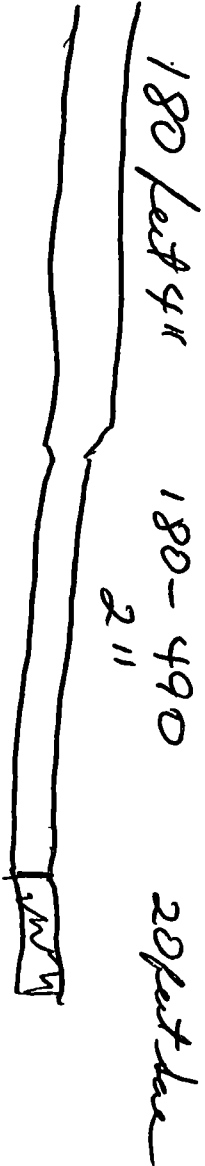
Alie Well 0563
Signature of Licensed Driller and License No.

July 3, 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
15	12	145 FT.

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.