

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 NO. *J-3130*

DATE WELL COMPLETED
MAR 04 2002

PERMIT NUMBER

NAME OF DRILLING FIRM
MFM well

NAME & MAILING ADDRESS OF LANDOWNER
RONNIE DAHM

12010 wescovitche Rd

Latitude:
Longitude:

WELL LOCATION. SEC *13* TOWNSHIP *6 N* RANGE *9 E*

DISTANCE *2* Miles DIRECTION *N* of NEAREST TOWN *Latimer*

OTHER LANDMARK
end of wescovitche Rd

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

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Flowing Well, Other (Describe) _____

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>ORANGE CLAY</i>	<i>0 15</i>	
<i>White CLAY</i>	<i>15 40</i>	
<i>GREEN CLAY</i>	<i>40 70</i>	
<i>GRAY CLAY</i>	<i>70 115</i>	
<i>SAND</i>	<i>115 125</i>	
<i>GREEN CLAY</i>	<i>125 160</i>	
<i>SAND</i>	<i>160 180</i>	
<i>GREEN CLAY</i>	<i>180 420</i>	
<i>SAND</i>	<i>420 520</i>	

RECEIVED
APR 30 2002
BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <i>520</i>	Casing Diameter (in.) <i>2</i>	Casing Length (ft.) <i>510</i>
Type of Casing <i>PVC</i>	Hole Depth <i>520</i>	Depth to Static Water Level <i>40</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA

Diameter - inches <i>2</i>	Length - Feet <i>10</i>	Slot Size - inches <i>006</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>510-520</i>	

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.

Rh. M. ...
Signature of Licensed Driller and License No. *0563*

April 29, 02
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) 9	No. of Stages 2	Setting Depth 60 FT.
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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.