

**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 <b>Jackson</b>	
WELL NUMBER <b>K-408</b>	CODED
DATE WELL COMPLETED <b>6-4-04</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Southern Well Service</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Southern Well Service</b> <b>Jeff Lane</b>			
Latitude:	Longitude: <b>Vanclave MS</b>		
WELL LOCATION:	SEC <b>14</b>	TOWNSHIP <b>6<sup>N</sup></b>	RANGE <b>7<sup>W</sup></b>
DISTANCE <b>2</b> Miles	DIRECTION <b>EAST</b>	NEAREST TOWN <b>Vanclave</b>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

<b>PUMP DATA</b>	
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <b>1</b>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP SOIL	0	2
Orange Clay	2	18
Brown coarse sand	18	38
Orange + white clay	38	80
Brown medium sand	80	130

<b>WELL DATA</b>		
Well Depth <b>130'</b>	Casing Diameter (In.) <b>2"</b>	Casing Length (FL.) <b>120'</b>
Type of Casing <b>PVC</b>	Hole Depth <b>130'</b>	Depth to Static Water Level <b>25'</b>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <b>10</b> FEET Type Grout (circle one): Cement, <input checked="" type="checkbox"/> Bentonite, or Mix		

<b>SCREEN DATA</b>		
Diameter - Inches <b>2"</b>	Length - Feet <b>10'</b>	Slot Size - Inches <b>.006</b>
Screen Type <b>PK</b>	Depth to Bottom - Feet <b>130'</b>	

<b>RECEIVED</b>	
JUN 15 2004	
<b>BY: OLWR</b>	
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.

**Jack Ridgell 472**  
Signature of Licensed Driller and License No.

**6/11/04**  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 14

Please indicate well location X.

Pump Capacity (GPM) <u>9</u>	No. of Stages <u>2</u>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

LOG DATA

TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, <u>No Log Run</u> , 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.