

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

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

Jackson
COUNTY WELL LOCATED
Jackson
WELL NUMBER **N-591** CODED
DATE WELL COMPLETED
2-3-03

PERMIT NUMBER
NAME OF DRILLING FIRM
Capital Drilling Service Co.

NAME & MAILING ADDRESS OF LANDOWNER
John Rhodes Jr.
13347 Brittany Belser, MS
Latitude:
Longitude:
WELL LOCATION SEC *211* TOWNSHIP *7 N* RANGE *9 E*
DISTANCE _____ MILES DIRECTION _____ OF NEAREST TOWN *St. Martin*
OTHER LANDMARK _____
WELL PURPOSE (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.)
Home

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 *1*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>TOP SOIL</i>	<i>1</i>	<i>3</i>
<i>White sand</i>	<i>3</i>	<i>30</i>
<i>Blue CLAY</i>	<i>30</i>	<i>180</i>
<i>Hard Blue Clay</i>	<i>180</i>	<i>200</i>
<i>fine water sand</i>	<i>200</i>	<i>240</i>
<i>course water sand</i>	<i>240</i>	<i>260</i>

WELL DATA

Well Depth *260'* Casing Diameter (In.) *2"* Casing Length (Ft.) *250'*
Type of Casing *PVC* Hole Depth *260'* Depth to Static Water Level *50'*
TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other (Describe) _____

WELL GROUTED TO A DEPTH OF *15* FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - inches *2"* Length - Feet *10'* Slot Size - inches *.006*
Screen Type *PVC* Depth to Bottom - Feet *260'*

RECEIVED
MAR 17 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.

Deed Mason *0-209*
Signature of Licensed Driller and License No.

3-14-03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			X

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) 7	No. of Stages 2	Setting Depth 75 FT.
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PUMP TEST

Well yielded 7 GPM with
a drawdown of 0 ft.
after 2 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.