

DEQ

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
JONES

WELL NUMBER
B-91

CODED

DATE WELL COMPLETED
3-12-04

PERMIT NUMBER
MS-GW-16018

NAME OF DRILLING FIRM
A-1 DRILLING SERV

LAUREL MS 39443

NAME & MAILING ADDRESS OF LANDOWNER
MATTHEWS-MOSS WTR ASSN
PO Box 29
MOSS, MS 39460

Latitude:

Longitude:

WELL LOCATION
SE 1/4 SW 1/4
NE 1/4 SW 1/4

SEC **5** TOWNSHIP **9 N** RANGE **12 W**

DISTANCE **1.5** Miles DIRECTION **NW** of NEAREST TOWN **Laurel**

OTHER LANDMARK
@ Treatment Plant

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

WELL DATA

Well Depth **312'** Casing Diameter (In.) **12" ID** Casing Length (Ft.) **263'**

Type of Casing **Epoxy etc** Hole Depth **320'** Depth to Static Water Level **115'**

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

WELL GROUTED TO A DEPTH OF **263** FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches **8" PS** Length - Feet **42'** Slot Size - Inches **.015"**

Screen Type **Bar weld SS** Depth to Bottom - Feet **310'**

PUMP DATA

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

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) **25 H/P 230V 30**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Sandy fill	0	2
Brown clay	2	4
Clay, tan & red	4	30
Clay, gray	30	55
Clay, sandy	55	92
Clay, gray	92	110
Sand w/ clay streaks	110	119
Sand	119	182
Clay	182	202
Clay, gray-green	202	237
Clay, sandy	237	266
Sand	266	302
Clay	302	303
Sand	303	313
Clay, sandy	313	316
Sand	316	317
Clay, gray	317	320

RECEIVED

APR 08 2004

BY: OLWR

Top of Lap **206** 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.

[Signature]
Signature of Licensed Driller and License No.

4-4-04
Date

Additional Information Required On Back