

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 <u>Jones</u>	
WELL NUMBER <u>E-2019</u>	CODED
DATE WELL COMPLETED <u>8-28-02</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Ray West Drilling</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Woody Odum</u> <u>River Rd</u> <u>Filshie MS</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>9</u>	<u>8</u>	<u>13</u> ^(N) _(W)
DISTANCE	DIRECTION	NEAREST TOWN	
<u>8</u> Miles	<u>W</u>	of <u>Laurel</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Poultry Farm</u>			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ N/P _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>SANDY CLAY</u>	<u>0</u>	<u>3</u>
<u>SAND</u>	<u>3</u>	<u>38</u>
<u>CLAY</u>	<u>38</u>	<u>169</u>
<u>SAND & CLAY STRKS</u>	<u>169</u>	<u>185</u>
<u>SAND</u>	<u>185</u>	<u>210</u>

WELL DATA		
Well Depth <u>210</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>200</u>
Type of Casing <u>PVC</u>	Hole Depth <u>210</u>	Depth to Static Water Level <u>18</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>210</u>	

RECEIVED		
SEP 24 2002		
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.

David West 0-672
Signature of Licensed Driller and License No.

9-2-02
Date

Additional Information Required On Back