

**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>Licon</u>	
WELL NUMBER <u>B-54</u>	CODED
DATE WELL COMPLETED <u>2-18-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Fitzgerald Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Mike Warren</u>			
<u>Alfred Rd Caseyville</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <u>4</u>	TOWNSHIP <u>8</u>	RANGE <u>6</u>
		<u>N</u> S	<u>E</u> W
DISTANCE <u>3</u> Miles	DIRECTION <u>NW</u>	NEAREST TOWN of <u>Caseyville</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Chicken House</u>			

PUMP DATA		
PUMP-TYPE (Circle One): <u>Submersible</u> Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, <u>3</u> Butane, Other (Describe) _____ H/P _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>20</u>
<u>gravel</u>	<u>20</u>	<u>60</u>
<u>sand</u>	<u>60</u>	<u>80</u>
<u>course sand/gravel</u>	<u>80</u>	<u>105</u>
<b>RECEIVED</b>		
MAR 03 2004		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>105'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>85'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>105'</u>	Depth to Static Water Level <u>45'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or <u>Mix</u>		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>010/012</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>105'</u>	

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.

Bead Stuyard      029      2-20-04  
Signature of Licensed Driller and License No.      Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	(X)		

SECTION 4

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
35		80' FT.

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.