

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
Lincoln

WELL NUMBER K-2199 CODED

DATE WELL COMPLETED
10/4/01

PERMIT NUMBER
Grinn Water Well & Supply

NAME OF DRILLER
615 Providence Dr. SE
Boque Chitto, MS 39629

NAME & MAILING ADDRESS OF LANDOWNER
Billy Boyd

2400 Ramoth Jr., McCall Creek

Latitude:
 Longitude:

WELL LOCATION.	SEC	TOWNSHIP	RANGE
	<u>28</u>	<u>6</u>	<u>N 6 E</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>11</u> Miles	<u>SW</u>	of <u>Brookhaven</u>	

OTHER LANDMARK

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

PUMP DATA		
PUMP TYPE (Circle One): <input type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P <u>1/2</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Red Clay</u>	<u>0</u>	<u>30</u>
<u>Sand</u>	<u>30</u>	<u>60</u>
<u>White Clay</u>	<u>60</u>	<u>66</u>
RECEIVED APR 22 2002 BY: OLWR		
Top of Lap Pipe or Reduction in Casing FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

WELL DATA

Well Depth <u>60</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>40</u>
Type of Casing <u>PVC</u>	Hole Depth <u>66</u>	Depth to Static Water Level <u>34</u>

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

WELL GROUTED TO A DEPTH OF 10 FEET
 Type Grout (circle one): Cement, Bentonite, or MIX

SCREEN DATA

Diameter - Inches <u>4</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>.010</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>60</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.

Brian McClelland 0-664
 Signature of Licensed Driller and License No.

10/4/01
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 28

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	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): 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.