

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 12-2184 CODED

DATE WELL COMPLETED
6/7/02

PERMIT NUMBER
Green Water Well

NAME OF DRILLING FIRM
Supply, Inc.

NAME & MAILING ADDRESS OF LANDOWNER
Jim Arnold

1876 Hwy 84 W. Brookhaven

Latitude:
Longitude:

WELL LOCATION. SEC 2 TOWNSHIP 6 RANGE 6
N S E W

DISTANCE 7 Miles DIRECTION SW of NEAREST TOWN Brookhaven

OTHER LANDMARK

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

PUMP DATA

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

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) H/P 1/2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>red clay</u>	<u>0</u>	<u>2</u>
<u>white clay</u>	<u>2</u>	<u>18</u>
<u>blue clay</u>	<u>18</u>	<u>56</u>
<u>sand</u>	<u>56</u>	<u>66</u>
<u>Mixed clay</u>	<u>66</u>	<u>92</u>
<u>sand</u>	<u>92</u>	<u>110</u>
<u>yellow clay</u>	<u>110</u>	<u>115</u>

RECEIVED

JUN 17 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>110'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>100'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>115'</u>	Depth to Static Water Level <u>55'</u>

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

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

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.010</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>110'</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.

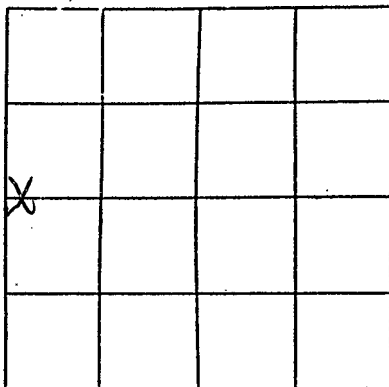
Brian McCloud 0664
Signature of Licensed Driller and License No.

6/7/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 2

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
<u>5-15</u>	<u>9</u>	<u>85</u> FT.
PUMP TEST		
Well yielded <u>12</u> GPM with		
a drawdown of <u>2</u> ft.		
after <u>1</u> 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.