

**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<br><b>Louisiana</b> |       |
| WELL NUMBER<br><b>B 2023</b>            | CODED |
| DATE WELL COMPLETED<br><b>5-16-96</b>   |       |

|  |
|--|
| PERMIT NUMBER                                  |
| NAME OF DRILLING FIRM<br><b>Rossi Drilling</b> |
| <b>0-509</b>                                   |

|  |              |                 |  |
|--|--------------|-----------------|--|
| NAME & MAILING ADDRESS OF LANDOWNER<br><b>Willie Host West</b>                 |              |                 |  |
| <b>Po Box 208</b>  |              |                 |  |
| <b>Caldonia MS, 39740</b>  |              |                 |  |
| WELL LOCATION: SEC   | TOWNSHIP     | RANGE           |  |
| <b>9</b>   | <b>16</b>    | <b>N 17W</b>    |  |
| DISTANCE   | DIRECTION    | NEAREST TOWN    |  |
| <b>1/2</b> Miles   | <b>South</b> | <b>Caldonia</b> |  |
| OTHER LANDMARK   |              |                 |  |
| WELL PURPOSE: <u>Home</u> , Irrigation, Municipal, Industrial, Fish Pond, etc. |              |                 |  |

|  |               |                                 |
|--|---------------|---------------------------------|
| <b>PUMP DATA</b>   |               |                                 |
| PUMP TYPE (Circle One):<br><input checked="" type="checkbox"/> Submersible    Turbine,    Jet    Flowing Well,<br>Other (Describe) _____                         |               |                                 |
| POWER TYPE (Circle One):<br><input checked="" type="checkbox"/> Electric    Tractor,    Diesel,    Gasoline,    Butane,<br>Other (Describe) _____ H/P <b>1/2</b> |               |                                 |
| Pump Capacity (GPM)  | No. of Stages | Setting Depth<br><b>22'</b> FT. |
| PUMP TEST  |               |                                 |
| Well yielded _____ GPM with<br>a drawdown of _____ ft.<br>after _____ hours of pumping   |               |                                 |

|  |                                    |  |
|--|------------------------------------|--|
| <b>WELL DATA</b>   |                                    |  |
| Well Depth<br><b>30'</b>   | Casing Diameter (In.)<br><b>4"</b> | Casing Length (Ft.)<br><b>20'</b>        |
| Type of Casing<br><b>PVC</b>   | Hole Depth<br><b>30'</b>           | Depth to Static Water Level<br><b>5'</b> |
| TYPE OF COMPLETION: (Circle One or More):<br><input checked="" type="checkbox"/> Gravel Packed,    Underreamed,    Telescoped,<br><input type="checkbox"/> Natural Development,    Open Hole,    Other<br>(Describe) _____ |                                    |  |
| WELL GROUTED TO A DEPTH OF _____ FEET<br>Type Grout (circle one): Cement, Bentonite, or Mix  |                                    |  |

|  |  |
|--|--|
| <b>LOG DATA</b>  |  |
| TYPE OF LOG RUN (Circle One):<br><input checked="" type="checkbox"/> No Log Run<br>Electric, Gamma Ray, Density, Sonic, Neutron,<br>Other (Describe) _____ |  |
| Name of Organization Running Log   |  |

|                                |                             |                                    |
|--------------------------------|-----------------------------|------------------------------------|
| <b>SCREEN DATA</b>             |                             |                                    |
| Diameter - Inches<br><b>4"</b> | Length - Feet<br><b>10'</b> | Slot Size - Inches<br><b>10/10</b> |
| Screen Type<br><b>PVC</b>      | Depth to Bottom - Feet      |                                    |

|  |               |                |              |
|--|---------------|----------------|--------------|
| <b>GEOLOGIC DATA (Office Use Only)</b> |               |                |              |
| Surface Elev.                          | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL                              | Date          | Analysis       | Aquifer Test |

|   |           |           |
|---|-----------|-----------|
| Driller's Remarks   |           |           |
| Top of Lap Pipe or Reduction in Casing                    |           |           |
| FEET IF TELESCOPED OR MORE THAN ONE SCREEN, USE BACK PAGE |           |           |
| FORMATIONS (Continue) FROM TO                             |           |           |
| <b>Open sand &amp; gravel</b>                             | <b>0</b>  | <b>18</b> |
|   | <b>18</b> | <b>30</b> |
|   |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
|   |           |           |

Driller's Remarks

Top of Lap Pipe or Reduction in Casing

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

FORMATIONS (Continue) FROM TO

**RECEIVED**

**AUG 14 1996**

Dept. of Environmental Quality  
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please  
sketch and show depths.

GROUND LEVEL

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION 9

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen,  
show location of each on sketch.