

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
Downs

WELL NUMBER G-321 CODED

DATE WELL COMPLETED
11/4/02

PERMIT NUMBER

NAME OF DRILLING FIRM
Clardy Well,
Columbus, MS

NAME & MAILING ADDRESS OF LANDOWNER
Curtis Crowley
265 Coretta St.
Columbus, MS

Latitude:
Longitude:

WELL LOCATION: SEC 21 TOWNSHIP 18 RANGE 18 ^N _S ^E _W

DISTANCE _____ MILES _____ OF _____

DIRECTION _____ NEAREST TOWN _____

OTHER LANDMARK
broide city limits

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

PUMP DATA

PUMP TYPE (Circle One): Owner set
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 sandy clay</u>	<u>0</u>	<u>4</u>
<u>Sand + gravel</u>	<u>4</u>	<u>23</u>
<u>Sandy blue cl.</u>	<u>23</u>	<u>81</u>
<u>Clay</u>	<u>81</u>	<u>94</u>
<u>Sandy clay</u>	<u>94</u>	<u>119</u>
<u>fine sand</u>	<u>119</u>	<u>123</u>
<u>sandy clay</u>	<u>123</u>	<u>128</u>
<u>Clay</u>	<u>128</u>	<u>137</u>
<u>sandy clay</u>	<u>137</u>	<u>149</u>
<u>fine sand</u>	<u>149</u>	<u>167</u>
<u>sandy clay</u>	<u>167</u>	<u>175</u>
<u>Rocky</u>	<u>175</u>	<u>179</u>
<u>sandy clay</u>	<u>179</u>	<u>181</u>
<u>Clay</u>	<u>181</u>	<u>195</u>
<u>Rocky</u>	<u>195</u>	<u>198</u>
<u>Clay</u>	<u>198</u>	<u>200</u>

WELL DATA

Well Depth <u>200</u>	Casing Diameter (In.) <u>4" PVC</u>	Casing Length (Ft.) <u>102</u>
Type of Casing <u>PVC</u>	Hole Depth <u>24'</u>	Depth to Static Water Level

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

WELL GROUTED TO A DEPTH OF 20 FEET
Type Grout (circle one): Cement, Bentonite or Mix

SCREEN DATA

Diameter - Inches	Length - Feet	Slot Size - Inches
Screen Type	Depth to Bottom - Feet	

RECEIVED

NOV 21 2002

Top of Lap Pipe or Reduction in Casing
BY: OLWB
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.

Don Tholy 0-496
Signature of Licensed Driller and License No.

11/19/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

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