

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
Lauderdale

WELL NUMBER 6-2811 CODED

DATE WELL COMPLETED
7/11/02

PERMIT NUMBER 2811

NAME OF DRILLING FIRM
Mid-South Drilling Co., Inc.

NAME & MAILING ADDRESS OF LANDOWNER
Don Jackson
615 North Broad Street
Columbus, MS 39702

Latitude:
Longitude:

WELL LOCATION: SEC 14 TOWNSHIP 18^N RANGE 18^E

DISTANCE in Columbus MILES DIRECTION near Columbus NEAREST TOWN high

OTHER LANDMARK

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

WELL DATA

Well Depth <u>196'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>105'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>196'</u>	Depth to Static Water Level <u>7'</u>

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

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

SCREEN DATA

Diameter - Inches 4 Length - Feet 10 Slot Size - Inches 1/8

Screen Type 11G 05 200E Depth to Bottom - Feet

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 _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
clay	0	7
gravel	7	17
clay	17	36
clay/sand streaks	36	41
clay	41	55
sand	55	59
clay	59	82
sand w/clay streaks	82	92
clay w/sand streaks	92	99
clay	99	105
sand	105	118
clay	118	123
sand w/clay streaks	123	137
sand	137	145
clay	145	151
sand	151	160
sand w/clay streaks	160	171
sand	171	189
sand w/clay streaks	189	194
clay	194	196
<u>rock @ 123, 137</u>		
Top of Lap Pipe or Reduction in Casing		
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.

David C. Brown 0-654
Signature of Licensed Driller and License No.

7-31-02
Date

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

RECEIVED

AUG 05 2002

BY: OLWR

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