

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 <i>Madison</i>	
WELL NUMBER <i>H-24</i>	CODED
DATE WELL COMPLETED <i>8-27-07</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>E.M. BUD CRESSWELL</i>
<i>BENTONIA, MS. 39046</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>RUDY WARNOCK</i> <i>P.O. Box 1623</i> <i>CANTON, MS- 39046</i>			
Latitude: <i>32-44</i> Longitude: <i>89-55</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>5</i>	<i>10</i>	<i>N 4 E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>10</i>	<i>Miles</i>	<i>of Canton</i>	
OTHER LANDMARK <i>North</i>			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>test hole only</i>			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) <i>HXP</i>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>surface dep.</i>	<i>0</i>	<i>10</i>
<i>sand</i>	<i>10</i>	<i>140</i>
<i>shale lignite</i>	<i>140</i>	<i>340</i>
<i>shale</i>	<i>340</i>	<i>480</i>
<i>Drilled 45"</i>		
<i>test hole -</i>		
<i>P. plugged with bentonite</i>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
<i>X</i>	<i>X</i>	<i>X</i>
Type of Casing	Hole Depth	Depth to Static Water Level
<i>X</i>	<i>480</i>	<i>X</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other <i>X</i>		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
<i>X</i>	<i>X</i>	<i>X</i>
Screen Type	Depth to Bottom - Feet	
<i>X</i>	<i>X</i>	

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.

Ernest M. Cresswell 0-150
Signature of Licensed Driller and License No.

Sept. 7, 2007
Date

RECEIVED

Additional Information Required On Back **SEP 10 2007**

BY: OLWR

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.
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.