

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 <u>Marion</u>	
WELL NUMBER <u>B-43</u>	CODED
DATE WELL COMPLETED <u>6-13-02</u>	

PERMIT NUMBER <u>0-514</u>
NAME OF DRILLING FIRM <u>J.S. Waterwell</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Larue Broome</u>			
<u>144 Solar Rd.</u>			
Latitude: _____ Longitude: <u>Columbia, MS 39429</u>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>30</u>	<u>5</u>	<u>N 19 W</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>10</u> Miles	<u>NW</u>	of <u>Columbia</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> 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 _____		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay Sand</u>	<u>0</u>	<u>25</u>
<u>Clay</u>	<u>25</u>	<u>40</u>
<u>Sand</u>	<u>40</u>	<u>55</u>

RECEIVED

FEB 13 2003

BY: OLWR

Drill + Set

CASING
only

WELL DATA		
Well Depth <u>55</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>45</u>
Type of Casing <u>sch 40</u>	Hole Depth <u>55</u>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>7</u> FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>8</u>
Screen Type <u>sch 40</u>	Depth to Bottom - Feet	

Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> 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.

Larue Broome 0-514
Signature of Licensed Driller and License No.

6-13-02
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.