

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  
*No. Area*

WELL NUMBER *B-45* CODED

DATE WELL COMPLETED  
*10-18-02*

PERMIT NUMBER  
*0586*

NAME OF DRILLING FIRM  
*James Wells  
Water Well Ser.*

NAME & MAILING ADDRESS OF LANDOWNER  
*Glenn D Beach*

*1297 River Bend Rd*

Latitude:  
Longitude: *Columbia, MS. 39429*

WELL LOCATION: SEC *20* TOWNSHIP *S* RANGE *N 19 E*

DISTANCE *8* Miles DIRECTION *North* of NEAREST TOWN *Columbia*

OTHER LANDMARK

WELL PURPOSE ~~Home~~ Irrigation, Municipal, Industrial, 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
<i>Top Soil</i>	<i>0</i>	<i>2</i>
<i>Sand</i>	<i>2</i>	<i>25</i>
<i>Clay</i>	<i>25</i>	<i>80</i>
<i>Sand</i>	<i>80</i>	<i>150</i>

RECEIVED

FEB 19 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing  
FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <i>150</i>	Casing Diameter (In.) <i>4" P.V.C.</i>	Casing Length (Ft.) <i>130</i>
Type of Casing <i>P.V.C.</i>	Hole Depth <i>150</i>	Depth to Static Water Level <i>90</i>

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

WELL GROUTED TO A DEPTH OF *14* FEET  
Type Grout (circle one): ~~Cement~~, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>008</i>
Screen Type <i>P.V.C.</i>	Depth to Bottom - Feet <i>130-150</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.

*James Wells*  
Signature of Licensed Driller and License No.

*10-18-02*  
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

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