

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 Marion	
WELL NUMBER D-52	CODED
DATE WELL COMPLETED 4-8-04	

PERMIT NUMBER
NAME OF DRILLING FIRM J&S Water Well

NAME & MAILING ADDRESS OF LANDOWNER Charles Guy 119 Pine Lane			
Latitude: Longitude: Columbia, ms 391429			
WELL LOCATION	SEC 32	TOWNSHIP 5 N S	RANGE 17 E W
DISTANCE 7 Miles	DIRECTION NE	NEAREST TOWN of Columbia	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. Chicken House			

WELL DATA		
Well Depth 150	Casing Diameter (In.) 4	Casing Length (Ft.) 130
Type of Casing sch 40	Hole Depth	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 10 FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 4	Length - Feet 20	Slot Size - Inches 8
Screen Type sch 40	Depth to Bottom - Feet	

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) H/P <u>1</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
clay sand	0	10
	10	150
RECEIVED		
APR 12 2004		
BY: OLWF		
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.


Signature of Licensed Driller and License No. 0-514

4-8-04
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.

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.