| , onive | SSISSIPPI DEPARTMENT OF ENVIRONMENTAL | | | | | | |
|--|--|--|--|--|--|--|--|
| 1 MARION = | QUALITY | | | | | | |
| D56 | Cinoc of Land and Water Hesburges | | | | | | |
| NAME OF DRILLIN | P. O. Box 10631 | | | | | | |
| DATE WELL COMPLETED 6-5-04 | Jackson, MS 39289-0631 WATER WELL DRILLERS LOG | | | | | | |
| NAME & MAILING ADDRESS OF LANDOWNER | PUMP DATA | | | | | | |
| KAREY BROOM | | | | | | | |
| | PUMP TYPE (Circle One): Submersible) Turbine, Jet Flowing Well, Other (Describe) | | | | | | |
| Latitude: | (Electric) Tractor, Diesel, Gasoline, Butane, | | | | | | |
| Longitude: | Other (Describe) H/P | | | | | | |
| WELL LOCATION. SEC HIP R | TANGE DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO | | | | | | |
| 2,5,5, | Lay + Sand O' 45' 70' | | | | | | |
| DISTANCE DIRECTION NEARE | EST TOWN SALAR OF PEAN SOUTHERN TO THE | | | | | | |
| Miles of | | | | | | | |
| OTHER LANDMARK | | | | | | | |
| No. | | | | | | | |
| WELL PURPOSE Home Irrigation, Municipal, Industrial, Fi | isn Pond, etc. | | | | | | |
| WELL DATA | RECEIVED | | | | | | |
| Well Depth Casing Diameter (In.) Casing | g Length (FL) | | | | | | |
| 70' 4" | 20' 119 2 4 2004 | | | | | | |
| Type of Casing Hole Depth Depth to Static Wa | aler Level | | | | | | |
| P.V.C. 12 14 | DIO OLIVIA | | | | | | |
| TYPE OF COMPLETION: (Circle One or More) Gravel Packed. Underreamed, Tel | lescoped. | | | | | | |
| Natural Development Open Hole, | Other | | | | | | |
| (Describe) | | | | | | | |
| WELL GROUTED TO A DEPTH OF 10' | | | | | | | |
| Type Grout (circle one): Cement) Bentonite, | , or Mix | | | | | | |
| SCREEN DATA | | | | | | | |
| Diameter - Inches Length - Feet Stot Size | - inches | | | | | | |
| 411 10' 000 | | | | | | | |
| Screen Type Depth to Botto | Top of Lap Pipe or Reduction in Casing | | | | | | |
| P.V.C. SLOTTED 60- | FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE | | | | | | |
| 1 | | | | | | | |
| I certify that the well was drilled, con | astructed and completed in accordance with all applicable | | | | | | |
| Requirements of the Mississippi Depa | artment of Environmental Quality and/or the Mississippi | | | | | | |
| Department of Health regulations and | | | | | | | |
| 0 4- 60 0 | 104 6-5-014 | | | | | | |
| Signature of Licensed Driller and Lic | 686 6-5-04 cense No. Date | | | | | | |
| Signature of Licensed Driller and Lic | ense No. Date | | | | | | |
| | | | | | | | |
| Additional Information Required On Back | | | | | | | |

| If well telescopes please sketch and show depths. | | | | | | | , | · | |
|---|---------|--|-------------|------------|--------------------------------|------------|-------------|--------------|--|
| GROUND LEVEL | | | | | | | | | |
| | د. | | | | | | 7 | | |
| | | | | | | | | | |
| | (2 | SECTION Please indicate well location X. Pump Capacity (GPM) No. of Stages Setting Depth | | | | | | | |
| | | TEST | GFM) | No. of Sta | ges | Setting De | | FT. | |
| | 131 | Well yielded GPM wi | | | | | | | |
| | ili | after hours of pumping | | | | | | | |
| | Othe | 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 DAT Surface Elev. Geologic Unit | | | A (Office Us Unit Thickness | | | Depth to Top | |
| · | | Subs. SWL Date | | | Analysis Aquifer Te | | r Test | | |
| | Driller | j Driller's Remarks | | | | | | | |
| | | | | | | | | | |
| If more than one screen, show location of each on sketch. | | | | | | | | | |