

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>Marion</i>		
WELL NUMBER E-50	CODED	PERMIT NUMBER
DATE WELL COMPLETED <i>7-28-04</i>		NAME OF DRILLING FIRM <i>James Wells Water Well Serv</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Ronald Bracey</i>		
<i>318 Bracey Rd</i>		
Latitude: Longitude: <i>Kokomo MS. 39643</i>		
WELL LOCATION. SEC <i>29</i>	TOWNSHIP <i>4 N</i>	RANGE <i>12 W</i>
DISTANCE <i>10</i> Miles	DIRECTION <i>West</i>	NEAREST TOWN <i>of Foxworth</i>
OTHER LANDMARK		
WELL PURPOSE: Home, Irrigation, Municipal, Industrial , Fish Pond, etc.		

PUMP DATA		
PUMP TYPE (Circle One): Submersible	<input type="checkbox"/> Turbine,	<input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well,
Other (Describe) _____		
POWER TYPE (Circle One): Electric	<input type="checkbox"/> Tractor,	<input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane,
Other (Describe) _____		H/P <i>3</i>
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
30 <i>Red Clay</i>	<i>0</i>	<i>30</i>
<i>Sand</i>	<i>30</i>	<i>165</i>
RECEIVED		
<i>AUG 02 2004</i>		
<i>BV: OLVR</i>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <i>165</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>135</i>
Type of Casing <i>PVC</i>	Hole Depth <i>165</i>	Depth to Static Water Level <i>100</i>
TYPE OF COMPLETION: (Circle One or More): 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><i>15</i></u> FEET Type Grout (circle one): Cement , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <i>4</i>	Length - Feet <i>30</i>	Slot Size - Inches <i>008</i>
Screen Type <i>PVC</i>		Depth to Bottom - Feet <i>135-165</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 *586* *7-28-04*
 Signature of Licensed Driller and License No. 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.