

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 <i>G-109</i>	CODED
DATE WELL COMPLETED <i>5-15-03</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>J+S Water Well</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Ervin McKibbin</i>			
<i>1487 Old Hwy 35 N</i>			
Latitude: _____ Longitude: <i>Columbia, MD 39429</i>			
WELL LOCATION	SEC <i>32</i>	TOWNSHIP <i>4 N</i>	RANGE <i>18 E</i>
DISTANCE <i>3</i> Miles	DIRECTION <i>N</i>	NEAREST TOWN of <i>Columbia</i>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home 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
<i>Clay</i>	<i>0</i>	<i>15</i>
<i>Sand</i>	<i>15</i>	<i>60</i>
<i>Would not produce</i>		
<i>Customer did not want to go deeper</i>		
RECEIVED		
<i>JUN 02 2003</i>		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
Type of Casing	Hole Depth	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packer, <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 _____ FEET Type Grout (circle one): <input type="checkbox"/> Cemen, <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
Screen type		Depth to Bottom - Feet

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.

Ervin McKibbin *0-514*
Signature of Licensed Driller and License No.

5-15-03
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.