

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
Madison

WELL NUMBER
J-2119

CODED

DATE WELL COMPLETED
8-1-2001

PERMIT NUMBER
0-586

NAME OF DRILLING FIRM
James Wells
Water Well Ser.

NAME & MAILING ADDRESS OF LANDOWNER
Teresa Alderman
71 Stevenson Ln.

Latitude:
Longitude: Kokomo Ms 39643

WELL LOCATION. SEC TOWNSHIP RANGE
32 3 S 12 W

DISTANCE DIRECTION NEAREST TOWN
1 Miles West of Kokomo

OTHER LANDMARK
Ny 98

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Chicken House

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 2

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|-----------|------------|
| <u>Red Clay</u> | <u>0</u> | <u>30</u> |
| <u>Sand</u> | <u>30</u> | <u>80</u> |
| <u>Red Gravel</u> | <u>80</u> | <u>200</u> |
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WELL DATA

| | | |
|---------------------------------|-----------------------------------|--|
| Well Depth <u>200</u> | Casing Diameter (In.) <u>4</u> | Casing Length (Ft.) <u>180</u> |
| Type of Casing <u>P.V.C.</u> | Hole Depth <u>200</u> | Depth to Static Water Level <u>90</u> |

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

WELL GROUTED TO A DEPTH OF 16 FEET
Type Grout (circle one): Cement Bentonite, or Mix

SCREEN DATA

| | | |
|-------------------------------|--|----------------------------------|
| Diameter - Inches <u>4</u> | Length - Feet <u>20</u> | Slot Size - Inches <u>008</u> |
| Screen Type <u>P.V.C.</u> | Depth to Bottom - Feet <u>180 - 200</u> | |

RECEIVED
FEB 05 2002
BY: OLWR

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.

James Wells 0-586
Signature of Licensed Driller and License No.

8-1-2001
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|--|--|--|--|
| | | | |
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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.