

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 K-81	CODED
DATE WELL COMPLETED 3-23-04	

PERMIT NUMBER
NAME OF DRILLING FIRM James Wells
Water Well Ser.

NAME & MAILING ADDRESS OF LANDOWNER Shannon Dalton 1144 Hwy 98 West			
Latitude: Longitude: Kokomo Ms. 39643			
WELL LOCATION.	SEC	TOWNSHIP	RANGE
	26	3	N 12 E
DISTANCE	DIRECTION	NEAREST TOWN	
2 Miles	East	Kokomo	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

WELL DATA

Well Depth 240	Casing Diameter (In.) 4	Casing Length (Ft.) 220
Type of Casing PVC	Hole Depth 240	Depth to Static Water Level 175
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		
WELL GROUTED TO A DEPTH OF 15 FEET		
Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or <input type="radio"/> Mix		

SCREEN DATA

Diameter - Inches 4	Length - Feet 20	Slot Size - Inches 008
Screen Type P.V.C.		Depth to Bottom - Feet 220-240

PUMP DATA

PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, <input type="checkbox"/> Other (Describe)			
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, <input type="checkbox"/> Other (Describe) _____ H/P <u>1</u>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Clay	2	40
Sand	40	240

RECEIVED

APR 06 2004

BY: OLWR

Top of Lap Pipe or Reduction in Casing FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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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 0586
Signature of Licensed Driller and License No.

3-23-04
Date

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.