

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>K-2114</i> | CODED |
| DATE WELL COMPLETED <i>6-24-99</i> | |

| |
|---|
| PERMIT NUMBER <i>0-586</i> |
| NAME OF DRILLING FIRM <i>James Wells</i> |
| <i>Water Well Ser</i> |

| | | | |
|--|---------------------------|--|--------------------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Clark Lowery</i> <i>B.C.'S Heating & Air</i> <i>393 Singley Rd.</i> <i>Columbia, MS 39429</i> | | | |
| WELL LOCATION: | SEC <i>9</i> | TOWNSHIP <i>2^N S</i> | RANGE <i>18^E W</i> |
| DISTANCE <i>8</i> Miles | DIRECTION <i>South</i> | NEAREST TOWN <i>Columbia</i> | |
| OTHER LANDMARK <i>St Paul Rd</i> | | | |
| WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. | | | |

| | | | |
|--|---------------|---------------|--|
| PUMP DATA | | | |
| PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well, Other (Describe) _____ | | | |
| POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <i>1</i> | | | |
| Pump Capacity (GPM) | No. of Stages | Setting Depth | |
| | | _____ FT. | |
| PUMP TEST | | | |
| Well yielded _____ <i>10</i> GPM with a drawdown of _____ ft. after _____ hours of pumping | | | |

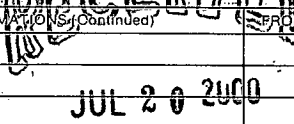
| | | |
|--|--------------------------------------|--|
| WELL DATA | | |
| Well Depth <i>60 FT</i> | Casing Diameter (In.) <i>4 in</i> | Casing Length (Ft.) <i>40</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>60 FT</i> | Depth to Static Water Level <i>36</i> |
| TYPE OF COMPLETION: (Circle One or 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 (Describe) _____ | | |
| WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix | | |

| | |
|--|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input type="radio"/> No Log-Run, <input type="radio"/> Electric, <input type="radio"/> Gamma Ray, <input type="radio"/> Density, <input type="radio"/> Sonic, <input type="radio"/> Neutron, Other (Describe) _____ | |
| Name of Organization Running Log | |

| | | |
|----------------------------------|--|----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <i>4 in</i> | Length - Feet <i>20</i> | Slot Size - Inches <i>800</i> |
| Screen Type <i>PVC 310T</i> | Depth to Bottom - Feet <i>40-60</i> | |

| | | | |
|--|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |
| Driller's Remarks | | | |
| Top of Lap Pipe or Reduction in Casing | | | |
| IF TELESCOPED OR MORE THAN ONE SCREEN, USE BACK PAGE | | | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|-----------|-----------|
| <i>Top Soil</i> | <i>0</i> | <i>2</i> |
| <i>clay</i> | <i>2</i> | <i>20</i> |
| <i>sand</i> | <i>20</i> | <i>60</i> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|---|--|------|----|
| FORMATIONS (Continued) | | FROM | TO |
|  | | | |
| Dept. of Environmental Quality Office of Land & Water Resources | | | |
| IF MORE SPACE IS NEEDED, USE BACK | | | |

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen, show location of each on sketch.