

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  
*N-112*

CODED

DATE WELL COMPLETED  
*7/29/03*

PERMIT NUMBER  
*Q-508*

NAME OF DRILLING FIRM  
*Jordan Well Services*

NAME & MAILING ADDRESS OF LANDOWNER  
*Esra Williams  
965 New Hope Rd  
Foxworth, MS*

Latitude:  
Longitude:

WELL LOCATION. SEC *4* TOWNSHIP *2<sup>N</sup>  
S* RANGE *13<sup>E</sup>  
W*

DISTANCE *6* Miles *SSW* DIRECTION of *Foxworth* NEAREST TOWN

OTHER LANDMARK

WELL PURPOSE:  Home,  Irrigation,  Municipal,  Industrial,  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>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>1</i>
<i>Sandy Clay</i>	<i>1</i>	<i>25</i>
<del><i>Sand</i></del> <i>Sand</i>	<i>25</i>	<i>35</i>
<i>Clay</i>	<i>35</i>	<i>80</i>
<i>Sand</i>	<i>80</i>	<i>130</i>
<b>RECEIVED</b>		
<b>AUG 07 2003</b>		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

**WELL DATA**

Well Depth <i>130</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>120</i>
Type of Casing <i>PVC</i>	Hole Depth <i>130</i>	Depth to Static Water Level <i>80</i>

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

WELL GROUTED TO A DEPTH OF *10* FEET  
Type Grout (circle one):  Cement,  Bentonite,  Mix

**SCREEN DATA**

Diameter - Inches <i>4</i>	Length - Feet <i>10</i>	Slot Size - Inches <i>0.10</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>120</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.

Signature of Licensed Driller and License No.

*7/29/03*  
Date

If well telescopes please sketch and show depths.

GROUND LEVEL


SECTION 4

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

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