

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 <u>monroe</u>	
WELL NUMBER <u>N-113</u>	CODED
DATE WELL COMPLETED <u>7-15-03</u>	

PERMIT NUMBER <u>0586</u>
NAME OF DRILLING FIRM <u>James Wells</u> <u>Water Well Sec</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Keith Turnage</u> <u>266 Turnages Cap Rd</u>			
Latitude: <u>Foxworth</u>			
Longitude: <u>Catahoula ms.</u>			
WELL LOCATION	SEC <u>15</u>	TOWNSHIP <u>2 S</u>	RANGE <u>13 E</u>
DISTANCE <u>8</u> Miles	DIRECTION <u>South</u> of	NEAREST TOWN <u>Foxworth</u>	
OTHER LANDMARK			
WELL PURPOSE: None Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible Turbine Jet Flowing Well Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric Tractor Diesel Gasoline Butane Other (Describe) _____ H/P <u>12</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>1</u>
<u>Red clay</u>	<u>1</u>	<u>20</u>
<u>Sand</u>	<u>20</u>	<u>100</u>
<u>Red Shale</u>	<u>100</u>	<u>180</u>
RECEIVED		
AUG 11 2003		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA

Well Depth <u>180</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>140</u>
Type of Casing <u>PVC</u>	Hole Depth <u>180</u>	Depth to Static Water Level <u>110</u>

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

WELL GROUTED TO A DEPTH OF 15 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>4</u>	Length - Feet <u>40</u>	Slot Size - Inches <u>008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>140-180</u>	

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
Signature of Licensed Driller and License No.

7-15-03

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.

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.