

**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>Monroe</i>	
WELL NUMBER <b>0-30</b>	CODED
DATE WELL COMPLETED <i>3-20-03</i>	

PERMIT NUMBER <i>0586</i>
NAME OF DRILLING FIRM <i>James Wells</i>
<i>Water Well Ser.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Jimmy McNamee</i>
<i>476 Ten Mile Creek Rd.</i>
Latitude: Longitude: <i>Foxworth Ms. 39483</i>
WELL LOCATION: SEC <i>18</i> TOWNSHIP <i>2</i> RANGE <i>14</i> <i>N S W</i>
DISTANCE <i>4</i> MILES DIRECTION <i>South</i> NEAREST TOWN <i>Foxworth Ms.</i>
OTHER LANDMARK
WELL PURPOSE: <del>(Some)</del> Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> , Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, 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>clay</i>	<i>1</i>	<i>10</i>
<i>Soil</i>	<i>10</i>	<i>60</i>
<b>RECEIVED</b>		
<b>APR 04 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>60</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Fl.) <i>40</i>
Type of Casing <i>PVC</i>	Hole Depth <i>60</i>	Depth to Static Water Level <i>10</i>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		

WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix
---

**SCREEN DATA**

Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>008</i>
Screen Type <i>P.V.C.</i>	Depth to Bottom - Feet <i>40-60</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.

*James Wells 0586*  
Signature of Licensed Driller and License No.

*3-20-03*  
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.