

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

~~DeWitt~~ Marshall

WELL NUMBER, CODED
B-53

PERMIT NUMBER _____
NAME OF DRILLING FIRM
Wilson Well Co INC
Whiteville, TN 38075

DATE WELL COMPLETED
2-13-03

NAME & MAILING ADDRESS OF LANDOWNER
Bobby May
7268 Noah Lane
Bartlett, TN 38133

Latitude: _____
Longitude: _____

WELL LOCATION. SEC TOWNSHIP RANGE
21 1 N 3 E

DISTANCE DIRECTION NEAREST TOWN
2 Miles S of Slayden

OTHER LANDMARK _____

WELL PURPOSE (Circle one): Irrigation, Municipal, Industrial, Fish Pond, etc.

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)
195 4 185
Type of Casing Hole Depth Depth to Static Water Level
PVC 195 90

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), or Mix

SCREEN DATA

Diameter - Inches Length - Feet Slot Size - Inches
4 10 .010
Screen Type Depth to Bottom - Feet
PVC 195

PUMP DATA
PUMP TYPE (Circle One):
(Submersible) Turbine, Jet, Flowing Well,
Other (Describe) _____
POWER TYPE (Circle One):
(Electric) Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Red Clay	0	15
Yellow Sand	15	60
Fine Sand	60	75
Blue Clay	75	120
Whit. Sand & Clay	120	135
White Sand	135	195

RECEIVED
FEB 27 2003
BY: OLWH

Top of Lap Pipe or Reduction in Casing
FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

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. Raf O'Neil 0-418

2-24-03
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
22		140 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.