

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>Marshall</u>	
WELL NUMBER <u>D-70</u>	CODED
DATE WELL COMPLETED <u>5-30-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>MASON water wells</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>John Sweet lot 14 woodview Byholia ms. 38611</u>			
Latitude:			
Longitude:			
WELL LOCATION.	SEC <u>15</u>	TOWNSHIP <u>2</u>	RANGE <u>5</u> <u>W</u>
DISTANCE <u>1.314</u> Miles	DIRECTION <u>N.</u>	NEAREST TOWN <u>of old 78 Hwy.</u>	
OTHER LANDMARK			
WELL PURPOSE; <u>Home</u> 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) <u>H/P</u> <u>34</u>		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay dirt</u>	<u>0</u>	<u>15</u>
<u>white sand</u>	<u>15</u>	<u>125'</u>

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 BY: OLWR

WELL DATA		
Well Depth <u>125'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>115'</u>
Type of Casing <u>pvc</u>	Hole Depth <u>125'</u>	Depth to Static Water Level <u>60'</u>
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 <u>10</u> FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>#10</u>
Screen Type <u>pvc</u>	Depth to Bottom - Feet <u>125'</u>	

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

Gors w. Mason 0-620 10-02-03
 Signature of Licensed Driller and License No. Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 15

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
12	11	80 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
 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

3 1/2 hp - concrete bladder

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