

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>Marshall</i>	
WELL NUMBER <i>E-2102</i>	CODED
DATE WELL COMPLETED <i>1-14-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>mason water wells</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Deborah Ritter</i> <i>107 24 Hollow Tree Lane</i> <i>Byhalia MS.</i>	
Latitude:	Longitude:
WELL LOCATION. SEC TOWNSHIP RANGE <i>27</i> <i>2</i> ^N _S <i>4</i> ^E _W	
DISTANCE	DIRECTION NEAREST TOWN
<i>3 1/4</i> Miles	<i>E</i> of <i>CAUCE rd.</i>
OTHER LANDMARK	
WELL PURPOSE <input checked="" type="radio"/> Home Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.	

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 *314*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>clay dirt</i>	<i>0</i>	<i>10</i>
<i>red sand</i>	<i>10</i>	<i>30</i>
<i>white sand</i>	<i>30</i>	<i>110'</i>

RECEIVED
MAR 14 2002
BY: OLWR

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

WELL DATA		
Well Depth <i>110'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Fl.) <i>100'</i>
Type of Casing <i>pvc</i>	Hole Depth <i>110'</i>	Depth to Static Water Level <i>42</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		

WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or <input type="radio"/> Mix
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SCREEN DATA		
Diameter - Inches <i>4"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>#10</i>
Screen Type <i>pvc</i>	Depth to Bottom - Feet <i>110'</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.

Jane W. Mason *0-620*
Signature of Licensed Driller and License No.

2-16-02
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 27

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,
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

3/4 hp - plm
w/ 6 bladder

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