

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 MITCHELL	
WELL NUMBER #-119	CODED
DATE WELL COMPLETED 9-5-02	

PERMIT NUMBER
NAME OF DRILLING FIRM N. MS well DR Co
FRANK LANGFORD

NAME & MAILING ADDRESS OF LANDOWNER Risher Cooper Farms Cooper Rd. Vicksburg			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	27	3 N	5 W
DISTANCE	DIRECTION	NEAREST TOWN	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA			
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet, <input type="radio"/> Flowing Well, Other (Describe) _____			
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P 24			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
W/RT	0	20
R/SAND	20	40
M/L CLAY	40	60
SAND	60	90
W/CLAY	90	110
W/SAND	110	165

WELL DATA

Well Depth 165	Casing Diameter (In.) 4	Casing Length (Ft.) 20
Type of Casing DVC	Hole Depth 165	Depth to Static Water Level 60
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		

WELL GROUTED TO A DEPTH OF **10** FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 4	Length - Feet 10	Slot Size - Inches .013
Screen Type DVC	Depth to Bottom - Feet 169	

RECEIVED
NOV 12 2002
BY: OLWR

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.

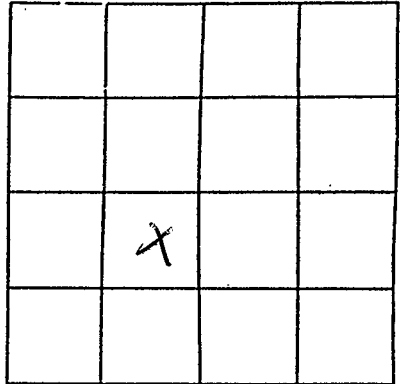
Frank Langford 0-622
Signature of Licensed Driller and License No.

9-20-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 23

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
<u>12</u>	<u>12</u>	<u>120</u>	FT.

PUMP TEST

Well yielded 154 GPM with
a drawdown of 5 ft.
after 4 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.