

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
Marshall

WELL NUMBER J-153 CODED _____

DATE WELL COMPLETED
1-17-03

PERMIT NUMBER _____

NAME OF DRILLING FIRM
MASON water wells

NAME & MAILING ADDRESS OF LANDOWNER
Ramon Jones
 Hwy 78
 Victoria MS

Latitude: _____
 Longitude: _____

WELL LOCATION: SEC 10 TOWNSHIP 3 RANGE 4
 (S) (N) (E) (W)

DISTANCE 1 1/4 Miles DIRECTION SE of NEAREST TOWN Victoria

OTHER LANDMARK
across from Mary Lane

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, 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 3/4

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay dirt</u>	<u>0</u>	<u>20</u>
<u>red sand</u>	<u>20</u>	<u>40</u>
<u>white sand</u>	<u>40</u>	<u>100</u>
<u>white clay</u>	<u>100</u>	<u>110</u>
<u>white sand</u>	<u>110</u>	<u>170</u>

WELL DATA

Well Depth <u>170'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Fl.) <u>160'</u>
Type of Casing <u>PUC</u>	Hole Depth <u>170'</u>	Depth to Static Water Level <u>110'</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) <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>#10</u>
Screen Type <u>PUC</u>		Depth to Bottom - Feet <u>170'</u>

RECEIVED

FEB 19 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

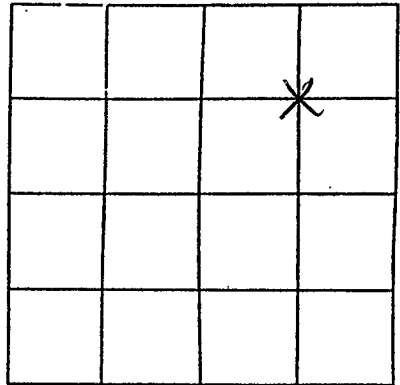
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

2-14-03
 Date

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 10

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
12	11	150' 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 - wms bladder

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