

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>J-1101</u>	CODED
DATE WELL COMPLETED <u>2-12-03</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER
Brenda Sheffield
183 Avant rd

Red Batts ms 38661

Latitude:
Longitude:

WELL LOCATION. SEC 23 TOWNSHIP 3 N RANGE 4 E

DISTANCE 1 1/2 Miles DIRECTION SW NEAREST TOWN of Red Batts

OTHER LANDMARK
Next to last place on rd rt side

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

WELL DATA

Well Depth <u>195'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>175'</u>
Type of Casing <u>pvc</u>	Hole Depth <u>195'</u>	Depth to Static Water Level <u>75'</u>

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 <u>4"</u>	Length - Feet <u>20'</u>	Slot Size - Inches <u>#10</u>
Screen Type <u>pvc</u>	Depth to Bottom - Feet <u>195'</u>	

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 3cf.

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay dirt</u>	<u>0</u>	<u>15</u>
<u>cut dirt</u>	<u>15</u>	<u>30</u>
<u>cut clay</u>	<u>30</u>	<u>40</u>
<u>white sand</u>	<u>40</u>	<u>75</u>
<u>white clay</u>	<u>75</u>	<u>85</u>
<u>white sand</u>	<u>85</u>	<u>140</u>
<u>blue clay</u>	<u>140</u>	<u>155</u>
<u>white sand</u>	<u>155</u>	<u>195</u>

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OCT 09 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.

Gary W. Moore 0-620
Signature of Licensed Driller and License No.

10-02-03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 23

Please indicate well location X.

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

3/4 hr wing bladder.

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