COUNTY WELL L	OCATEO	Mis	SSISSIPPI I	EPARTMENT OF ENV	IRONME	ENTAL				
MET NUMBER	all CODED	PERMIT NUMBER		QUALITY Office of Land and Water Resources						
8-20	'bl	NAME OF DRILLING FIRM								
DATE WELL COM	DI ETED	MASON WAter	wells	Jackson, M	O. Box	10631 9-0631				
11-9-01			WATER WELL DRILLERS LOG							
NAME & MAILING				PUMP DATA						
Mike willis				PUMP TYPE (Circle One):						
L			Submersible Turbine, Jet Flowing Well, Other (Describe)							
Holly Springs ms			POWER 1	POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane,						
Longitude:			Other (Describe) H/P 3/4							
WELL LOCATION		TOWNSHIP RANGE		N OF FORMATIONS ENCOUNTERE	D FROM	то				
	<u> </u>	<u></u>		dirl sand	S	60				
DISTANCE	DIRECTI	ON NEAREST TOWN	whit	e 50~d.	60	230				
OTHER LANDMAR		of								
					+	-				
WELL PURPOSE: I	lome, Irrigation, M	unicipal, Industrial, Fish Pond, etc.								
<u>L</u>	WELL D	DATA								
Well Depth	Casing Diameter	(In.) Casing Length (Ft.)				ļ				
230'	4"	210'								
Type of Casing	Hole Depth	Depth to Static Water Level			<u> </u>					
TYPE OF COM	PLETION: (Cir	cle One or More):		ECENTER	ļ					
Gravel Packed Underreamed, Telescoped, Natural Development, Open Hole, Other			ŭ							
(Describe)				FER 7 % 5005						
WELL GROUTED TO A DEPTH OF CO FEET Type Grout (circle one): Cement, Bentonite, or Mix										
Type Grout (Ci				Y: OLWR	 					
Diameter - Inches	SCREEN Length - Feet				İ					
4"	30'									
Screen Type		Depth to Bottom - Feet	Top of La	p Pipe or Reduction in Casing						
pυ	<u></u>	230'		FEET IF TELESCOPED O ONE SCREEN: USE	R MORE TH	AN E				
		4 *94 4				7				
				ed in accordance with al ental Quality and/or the						
		egulations and state law		onmi Quartey and/or me	TATTOOTOOT	hhr				
_										
Onnes	w. Ma	on 0-620		2-15-0	l					
Signature of Licensed Driller and License No. Date										
						•				
Additional Information Required On Back										

		H				•				
If well telesc sketch and s	copes please show depths.									
GROUND LEVEL										
·										
				X						
					Ì					
	•				<i>K</i> -					
		SECTION Please indicate well location X.								
		Pump			ges Setting Dep					
		يُ _	OTEST 9	pm 15	18	O FI				
	•			ad.		GDM wit				
		81								
		111								
·			after hours of pumpin							
			TYPE OF LOG RUN (Circle One): No Log Ru Electric, Gamma Ray, Density, Sonic, Neutro Other (Describe)							
	Name of Organization Running Log									
				GEOLOGIC DATA (Office Use Only)						
			e Elev.	Geologic Unit	Unit Thickness	Depth to Top				
ľ		Subs.	SWL,	Date	Analysis	Aquiler Test				
			's Remarks	22						
l ji			11/2 hp - 20 gpm wm 14 bladder tank.							
		 								
If more than one s show location of e										
SHOW IOCATION OF S										