

**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>Monroe</i>	
WELL NUMBER <i>D-42</i>	CODED
DATE WELL COMPLETED <i>7-10-03</i>	

PERMIT NUMBER  
NAME OF DRILLING FIRM <i>Rosse Drilling</i>
<i>0-509</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>James McCool 66024 Earl Black Dr, Greenwood</i>			
Latitude: <i>MS Springs MS</i> Longitude: <i>38848</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>24</i>	<i>11</i>	<i>9</i>
		<i>N</i>	<i>W</i>
DISTANCE	DIRECTION	NEAREST TOWN	
	Miles	of	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA			
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible    Turbine    Jet    Flowing Well, Other (Describe)			
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric    Tractor    Diesel    Gasoline    Butane, Other (Describe)    H/P <i>1</i>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>90</i>
<i>Sand strip</i>	<i>90</i>	<i>111</i>
<i>Rock</i>	<i>111</i>	<i>112</i>
<i>Clay</i>	<i>112</i>	<i>120</i>
<i>Sand and gravel</i>	<i>120</i>	<i>125</i>

**RECEIVED**  
*SEP 03 2003*  
**BY: OLWR**

WELL DATA		
Well Depth <i>175'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>165'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>175'</i>	Depth to Static Water Level <i>153</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed,    Underreamed,    Telescoped, Natural Development,    Open Hole,    Other (Describe)		
WELL GROUTED TO A DEPTH OF <i>20</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <i>4"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>0.010</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>10</i>	

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.

*Thomas Ross*  
Signature of Licensed Driller and License No.

*7-10-03*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL


SECTION \_\_\_\_\_

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
			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

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