

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
Montroe

WELL NUMBER CODED
D 2025

DATE WELL COMPLETED
12-4-98

PERMIT NUMBER
0-509

NAME OF DRILLING FIRM
Rossi Drilling

NAME & MAILING ADDRESS OF LANDOWNER
Joy Scott
6005 Hathy Rd.
Osprey MS 38821

WELL LOCATION: SEC *8* TOWNSHIP *12S* RANGE *17* *(W)*

DISTANCE _____ MILES _____ OF _____

DIRECTION _____ NEAREST TOWN _____

OTHER LANDMARK _____

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 *1/2*

Pump Capacity (GPM) _____ No. of Stages _____ Setting Depth _____ FT.

PUMP TEST

Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ hours of pumping

WELL DATA

Well Depth *111'* Casing Diameter (In.) *4"* Casing Length (Ft.) *101'*

Type of Casing *Pvc* Hole Depth *111'* Depth to Static Water Level *80*

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe) _____

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

SCREEN DATA

Diameter - Inches *4"* Length - Feet *10'* Slot Size - Inches *010*

Screen Type *Pvc* Depth to Bottom - Feet _____

LOG DATA

TYPE OF LOG RUN (Circle One):
None No Log Run,
Electric, Gamma Ray, Density, Sonic, Neutron,
Other (Describe) _____

Name of Organization Running Log
None

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks _____

Top of Lap Pipe or Reduction in Casing _____

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>clay</i>	<i>0</i>	<i>47</i>
<i>Sand & trip - clay</i>	<i>47</i>	<i>60</i>
<i>Good Sand</i>	<i>60</i>	<i>111</i>

FORMATIONS (Continued)

RECEIVED

JUL 02 1999

Dept of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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