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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
Monroe

WELL NUMBER CODED
D-2032

DATE WELL COMPLETED
8-17-02

PERMIT NUMBER
0509

NAME OF DRILLING FIRM
Ross Drilling

NAME & MAILING ADDRESS OF LANDOWNER
John Heatt

Po Box 407 Smithville MS

Latitude: 38870
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>5</u>	<u>12</u>	<u>N 9 E</u>

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 _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>37</u>
<u>Gravel</u>	<u>37</u>	<u>46</u>
<u>Blue clay</u>	<u>46</u>	<u>127</u>
<u>Sand clay strip</u>	<u>127</u>	<u>160</u>
<u>Sand and gravel</u>	<u>160</u>	<u>185</u>

WELL DATA

Well Depth <u>185</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>165'</u>
Type of Casing <u>Pvc</u>	Hole Depth <u>185</u>	Depth to Static Water Level <u>93</u>

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

RECEIVED
SEP 20 2002
BY: OLWR

WELL GROUTED TO A DEPTH OF 20 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>010</u>
Screen Type <u>Pvc</u>	Depth to Bottom - Feet <u>20'</u>	

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 E. Ross 0509
Signature of Licensed Driller and License No.

9-16-02
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.
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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

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