

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 1	CODED
K-2038	
DATE WELL COMPLETED 01/21/02	

PERMIT NUMBER
NAME OF DRILLING FIRM HERNDON WELL & SPLY
SHANNON, MS

NAME & MAILING ADDRESS OF LANDOWNER MURPHY EVANS			
P. O. BOX 161		ABERDEEN, MS 39730	
Latitude:			
Longitude:			
WELL LOCATION	SEC <u>24</u>	TOWNSHIP <u>14</u> XX <u>S</u>	RANGE <u>6</u> W <u>E</u>
DISTANCE <u>3</u> Miles	DIRECTION <u>West</u>	NEAREST TOWN <u>Aberdeen</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>HOME</u>			

WELL DATA

Well Depth <u>145</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>125</u>
Type of Casing <u>PVC</u>	Hole Depth <u>180</u>	Depth to Static Water Level <u>92</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)		
WELL GROUTED TO A DEPTH OF <u>20</u> 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>145</u>

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet, <input type="radio"/> Flowing Well, Other (Describe) <u>HOME OWNER INSTALLED</u>		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) <u>H/P 3/4</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
BROWN CLAY	0	18
BLUE CLAY	18	75
SAND	75	150
BLUE CLAY & SAND	150	180
RECEIVED		
JUN 26 2002		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing <u>NONE</u>		
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.

Ricky Herndon
Signature of Licensed Driller and License No.

06/24/02
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.

PUMP TEST

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

LOG DATA

TYPE OF LOG RUN (Circle One):
 Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____

No Log Run.

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.