

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>Newton</i> | |
| WELL NUMBER F 2080 | CODED |
| DATE WELL COMPLETED 11-18-99 | |
| DATE WELL COMPLETED 11/18/99 | |

| |
|---|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <i>McDonald Hill, Inc.</i> |
| <i>Meridian, Miss.</i> |

| | | |
|---|----------------------|-----------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Gary & Lisa Brewer</i> | | |
| <i>397- County Rd. 2345</i> | | |
| <i>Decatur Miss. 39327</i> | | |
| WELL LOCATION: SEC | TOWNSHIP | RANGE |
| <i>7</i> | <i>7^N</i> | <i>11^E</i> |
| DISTANCE | DIRECTION | NEAREST TOWN |
| <i>5</i> Miles | <i>NW</i> of | <i>Decatur</i> |
| OTHER LANDMARK | | |
| WELL PURPOSE <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. | | |

| | | |
|--|---------------|----------------|
| PUMP DATA | | |
| PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P _____ | | |
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| <i>7</i> | <i>13</i> | <i>200</i> FT. |
| PUMP TEST | | |
| Well yielded <i>25</i> GPM with | | |
| a drawdown of <i>30</i> ft. | | |
| after <i>2-3</i> hours of pumping | | |

| | | |
|--|------------------------------------|---|
| WELL DATA | | |
| Well Depth <i>400</i> | Casing Diameter (In.) <i>4"</i> | Casing Length (Ft.) <i>250</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>250</i> | Depth to Static Water Level <i>160</i> |
| TYPE OF COMPLETION: (Circle One or More): Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, Natural Development, <input checked="" type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____ | | |
| WELL GROUTED TO A DEPTH OF _____ FEET | | |
| Type Grout (circle one): Cement, Bentonite, or Mix | | |

| | |
|---|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input type="checkbox"/> No Log Run, <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input type="checkbox"/> Neutron, Other (Describe) _____ | |
| Name of Organization Running Log | |

| | | |
|--------------------|------------------------|--------------------|
| SCREEN DATA | | |
| Diameter - Inches | Length - Feet | Slot Size - Inches |
| Screen Type | Depth to Bottom - Feet | |

| | | | |
|--|---------------|--|--------------|
| 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 & Sandy</i> | <i>0</i> | <i>40</i> |
| <i>Sandy shale</i> | <i>40</i> | <i>80</i> |
| <i>Sand - st shale, &</i> | | |
| <i>lignite</i> | <i>80</i> | <i>160</i> |
| <i>Sand</i> | <i>160</i> | <i>200</i> |
| <i>Sandy shale - sand st</i> | <i>200</i> | <i>220</i> |
| <i>Shale</i> | <i>220</i> | <i>257</i> |
| <i>Rock, st green sand</i> | <i>257</i> | <i>400</i> |
| | | |
| | | |
| | | |

| FORMATION (continued) | FROM | TO |
|-----------------------------------|------|-------------------|
| RECEIVED | | |
| DEC 06 1999 | | |
| Dept. of Environmental Quality | | Quality Resources |
| 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.