

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
Newbn

WELL NUMBER
R-99

CODED

DATE WELL COMPLETED
6-3-04

PERMIT NUMBER

NAME OF DRILLING FIRM
McDonald & Hill
Meridian, MS

NAME & MAILING ADDRESS OF LANDOWNER
Shannon McMillan
Hwy 15 N

Latitude:

Longitude: Newbn, MS.

WELL LOCATION: SEC 12 TOWNSHIP 6 RANGE 11
S N E
W

DISTANCE 2 1/2 MILES DIRECTION N of NEAREST TOWN Newbn

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, Gasoling, Butane,
Other (Describe) H/P

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>CLAY & SAND</u>	<u>0</u>	<u>25</u>
<u>SANDY SHALE</u>	<u>25</u>	<u>45</u>
<u>SHALE, SAND ST</u>	<u>45</u>	<u>115</u>
<u>SAND - IRON</u>	<u>115</u>	<u>245</u>
<u>SANDY SHALE</u>	<u>245</u>	<u>255</u>
<u>SHALE</u>	<u>255</u>	<u>270</u>
<u>Rock, shale</u>	<u>270</u>	<u>300</u>
<u>GREEN SAND &</u> <u>GREEN SAND</u>	<u>300</u>	<u>310</u>
<u>Rock, shale, &</u> <u>SAND ST,</u> <u>RECEIVED</u>	<u>310</u>	<u>320</u>
<u>JUN 09 2004</u>		

Top of Lap Pipe or Reduction in Casing
BY: [Signature]
FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>320</u>	Casing Diameter (in.) <u>4</u>	Casing Length (Ft.) <u>260</u>
Type of Casing <u>PVC</u>	Hole Depth <u>320</u>	Depth to Static Water Level <u>155</u>

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

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches	Length - Feet	Slot Size - Inches
	<u>NA</u>	
Screen Type	Depth to Bottom - Feet	

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.

Bur Hill #0-8
Signature of Licensed Driller and License No.

6-4-04
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.