

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
WATER WELL DRILLERS LOG

*Ochiloba*

COUNTY WELL LOCATED  
*WALTON*

WELL NUMBER: *H-31* CODED

DATE WELL COMPLETED: *4-11-03*

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Tinn's Well & Pump Svc*

NAME & MAILING ADDRESS OF LANDOWNER  
*Ed Springer*  
*Starkville, MS*

Latitude:  
Longitude:

WELL LOCATION: SEC *19* TOWNSHIP *18* RANGE *N 15 E*

DISTANCE *4* Miles DIRECTION *SE* of NEAREST TOWN *Starkville*

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
<i>Red clay</i>	<i>1</i>	<i>25</i>
<i>Chalk</i>	<i>25</i>	<i>28</i>
<i>sand</i>	<i>28</i>	<i>32</i>
<i>shale &amp; clay</i>	<i>730</i>	<i>945</i>
<i>Rock</i>	<i>945</i>	<i>946</i>
<i>clay</i>	<i>946</i>	<i>1157</i>
<i>Sand</i>	<i>1150</i>	<i>1200</i>

WELL DATA

Well Depth <i>1200'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>945'</i>
Type of Casing <i>Steel</i>	Hole Depth <i>1200'</i>	Depth to Static Water Level <i>180'</i>

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

WELL GROUTED TO A DEPTH OF *107* FEET  
Type Grout (circle one): Cement, Bentonite, or  Mix

SCREEN DATA

Diameter - Inches <i>2 1/2</i>	Length - Feet <i>30</i>	Slot Size - Inches <i>0.10</i>
Screen Type <i>Stainless steel</i>	Depth to Bottom - Feet <i>1200'</i>	

RECEIVED

MAY 07 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing  
*805* FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

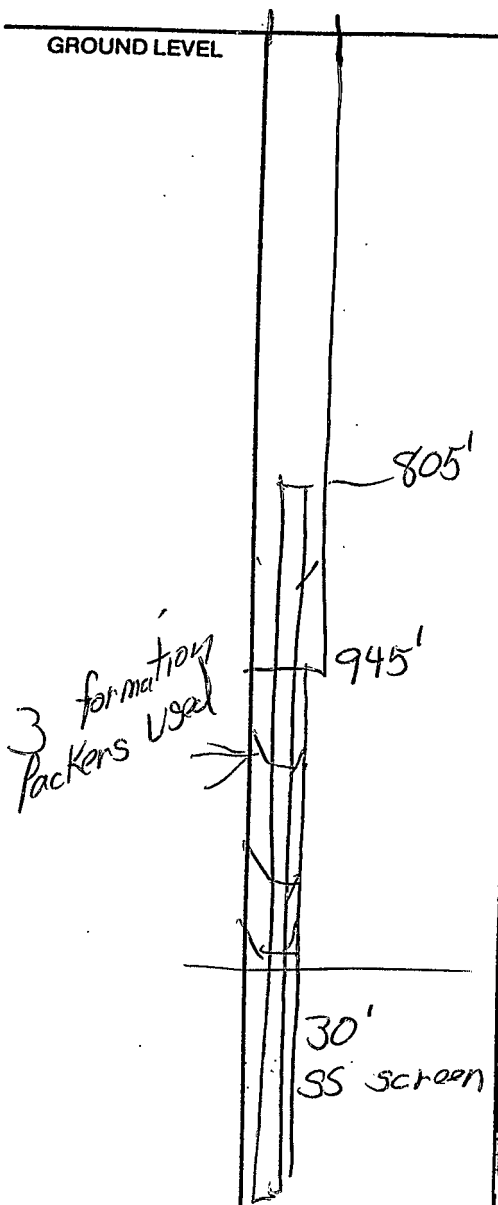
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

*Jim Baker 0-0630* *4-11-03*  
Signature of Licensed Driller and License No. Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



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

		X	

SECTION 19

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
12	?	352	FT.
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

Heaving shale in this well was difficult to step. poured several bags of hole plug cement around casing in an attempt to stop it but not sure how far down it got