

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
Jackson

WELL NUMBER
U-660

CODED

PERMIT NUMBER

NAME OF DRILLING FIRM
Office of Geology

DATE WELL COMPLETED
7/24/03

NAME & MAILING ADDRESS OF LANDOWNER
Land + Water

Charlotte Bird

Latitude: **34 13 32 N**
Longitude: **90 04 32 W**

WELL LOCATION: SEC **10** TOWNSHIP **27 N 2 S** RANGE **2 W**

DISTANCE _____ MILES _____ of _____ DIRECTION _____ NEAREST TOWN _____

OTHER LANDMARK _____

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Monitoring well

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
Sand + Gravel	1	17
Clay + fine Sand	17	38
Sand	38	55
Clay	55	58
SAND	58	80
Clay	80	81
SAND	81	115
Clay	115	120
SAND	120	175
Clay	175	210

WELL DATA

Well Depth 210	Casing Diameter (in.) 4"	Casing Length (ft.) 200
Type of Casing PVC	Hole Depth 210	Depth to Static Water Level

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

WELL GROUTED TO A DEPTH OF **25** FEET
Type Grout (circle one): **Cement**, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 4"	Length - Feet 10'	Slot Size - Inches .010
Screen Type PVC	Depth to Bottom - Feet	

RECEIVED

AUG 05 2003

BY: OLWR

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.

Clifton Magee 0-619
Signature of Licensed Driller and License No.

8/1/03
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):	No Log Run,
<u>Electric</u> Gamma Ray, Density, Sonic, Neutron,	
Other (Describe) _____	
Name of Organization Running Log	
<u>Office of Geology</u>	

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.