

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 <u>Pike</u>	
WELL NUMBER <u>B-160</u>	CODED
DATE WELL COMPLETED <u>5/6/03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Green Water Well & Supply, Inc.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Billy Ray Jones</u>			
<u>2040 River Rd N., Summit</u>			
Latitude: Longitude:			
WELL LOCATION	SEC <u>10</u>	TOWNSHIP <u>4</u>	RANGE <u>N 8 S 8 W</u>
DISTANCE <u>5</u> Miles	DIRECTION <u>NE</u>	NEAREST TOWN <u>Summit</u>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible Turbine, Jet Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>075</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>red clay</u>	<u>0</u>	<u>28</u>
<u>sand</u>	<u>28</u>	<u>60</u>
<u>gravel</u>	<u>60</u>	<u>76</u>
<u>white clay</u>	<u>76</u>	<u>83</u>
<u>sand & gravel</u>	<u>83</u>	<u>162</u>
<u>yellow clay</u>	<u>162</u>	<u>166</u>
RECEIVED		
JUN 03 2003		
BY: OLWFR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA

Well Depth <u>160'</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>150</u>
Type of Casing <u>PVC</u>	Hole Depth <u>1</u>	Depth to Static Water Level <u>86'</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Pack, 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 <u>4</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>10/10</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>160</u>	

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.

Brian McClendon 664
Signature of Licensed Driller and License No.

5/6/03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 10

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
<u>10</u>	<u>12</u>	<u>115</u>	FT.

PUMP TEST

Well yielded 13 GPM with
 a drawdown of 2 ft.
 after 1 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.