

**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>F-99</u>	CODED
DATE WELL COMPLETED <u>12-1-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Fitzgerald Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Andrea Pikes</u> <u>Leathwood RA</u>			
Latitude: Longitude:			
WELL LOCATION	SEC <u>27</u>	TOWNSHIP <u>3</u>	RANGE <u>9</u> ^N <u>9</u> ^E <u>W</u>
DISTANCE <u>10</u> Miles	DIRECTION <u>East</u>	NEAREST TOWN <u>McComb</u>	
OTHER LANDMARK			
WELL PURPOSE (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.) <u>Camp</u>			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, 1/2, Butane, Other (Describe) <u>H/P</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Sand</u>	<u>0</u>	<u>15</u>
<u>clay</u>	<u>15</u>	<u>25</u>
<u>Sand</u>	<u>25</u>	<u>40</u>
<u>clay</u>	<u>40</u>	<u>50</u>
<u>course sand</u>	<u>50</u>	<u>70</u>
RECEIVED		
JAN 15 2004		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>70'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Fl.) <u>60'</u>
Type of Casing <u>4"</u>	Hole Depth <u>70'</u>	Depth to Static Water Level <u>15'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)		
WELL GROUDED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, <u>or Mix</u>		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.012</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>70'</u>	

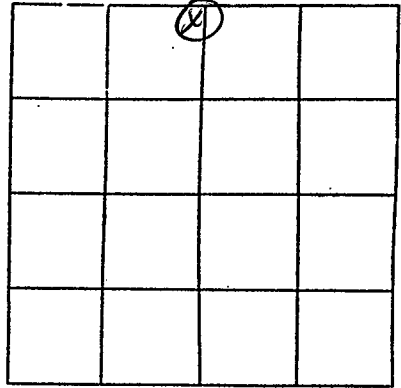
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Burd Stuedel 029.
Signature of Licensed Driller and License No.

12-5-03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 27

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
<u>12</u>	<u>8</u>	<u>50'</u> 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

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