

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  
*Pike*

WELL NUMBER	CODED
<i>J-116</i>	
DATE WELL COMPLETED <i>1-19-04</i>	

PERMIT NUMBER

NAME OF DRILLING FIRM  
*F. Fitzgerald Well Service*

NAME & MAILING ADDRESS OF LANDOWNER  
*Alan Mumford*  
*Love Creek Rd*

Latitude:  
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>27</i>	<i>2 N</i>	<i>9 E</i>

DISTANCE *10* Miles DIRECTION *East* of NEAREST TOWN *Magnolia*

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 5*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>20</i>
<i>Sand &amp; gravel</i>	<i>20</i>	<i>60</i>
<i>gravel</i>	<i>60</i>	<i>80</i>
<i>sand</i>	<i>80</i>	<i>90</i>
<i>clay</i>	<i>90</i>	<i>100</i>
<i>clay &amp; sand &amp; gravel</i>	<i>100</i>	<i>125</i>

RECEIVED  
FEB 04 2004  
BY: OLWF

Top of Lap Pipe or Reduction in Casing

FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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WELL DATA

Well Depth <i>125'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>100'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>125'</i>	Depth to Static Water Level <i>63'</i>

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 <i>4"</i>	Length - Feet <i>25'</i>	Slot Size - Inches <i>0.12 - 10"</i> <i>0.10 - 5"</i> <i>0.12 - 10"</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>125'</i>	

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.

*Bud S. Angulo* *029*  
Signature of Licensed Driller and License No.

*1-19-04*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		(X)	

SECTION 27

Please indicate well location X.

Pump Capacity (GPM) <u>55'</u>	No. of Stages	Setting Depth <u>110'</u> 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

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