

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>M-2123</u>	CODED
DATE WELL COMPLETED <u>8/28/00</u>	

PERMIT NUMBER <u>0-508</u>
NAME OF DRILLING FIRM <u>Jordan Well Ser.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Paul Barnes</u>			
<u>2110 Smithburg Rd</u>			
<u>Ozarka, Ms.</u>			
WELL LOCATION: SEC	TOWNSHIP	RANGE	
<u>1</u>	<u>1</u> ^N <u>9</u> ^W	<u>9</u>	
DISTANCE	DIRECTION	NEAREST TOWN	
<u>4</u> Miles	<u>S/E</u>	<u>Progress</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P <u>3/4</u>		
Pump Capacity (GPM) <u>18</u>	No. of Stages <u>9</u>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <u>117</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>107</u>
Type of Casing <u>PVC</u>	Hole Depth <u>117</u>	Depth to Static Water Level <u>75</u>

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, Mix

SCREEN DATA		
Diameter - Inches <u>4</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.010</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>107</u>	

LOG DATA	
TYPE OF LOG RUN (Circle One): <input type="checkbox"/> No Log Run, <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input type="checkbox"/> 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			
Top of Lap Pipe or Reduction in Casing			
FEET		IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS ENCOUNTERED	FROM	TO
<u>top soil</u>	<u>0</u>	<u>1</u>			
<u>Sandy Clay</u>	<u>1</u>	<u>65</u>			
<u>SAND</u>	<u>65</u>	<u>117</u>			

RECEIVED
SEP 07 2000
Dept. of Environmental Quality
Office of Land & Water Resources

If well telescopes please
sketch and show depths.

GROUND LEVEL

			X

SECTION 1

Please indicate well location X.

ADDITIONAL INFORMATION

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