

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
RANKIN

WELL NUMBER
S-55

CODED

PERMIT NUMBER

NAME OF DRILLING FIRM
E. M. Bud CRESSWELL

DATE WELL COMPLETED
Jan. 11-2004

BEUTONIA, MS. 39040

NAME & MAILING ADDRESS OF LANDOWNER
MITCHELL WHITE

Johns, MS

Latitude:
Longitude:

WELL LOCATION: SEC **30** TOWNSHIP **4** RANGE **5**

DISTANCE **2** Miles **EAST** of **Johns**

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
TEST HOLE

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 |
|---------------------------------------|------------|------------|
| Clay - 0 endy shale | 0 | 145 |
| SHALE | 145 | 235 |
| Vicksburg Rock | 235 | 275 |
| SHALE | 275 | 370 |
| FINE SAND-LIGNITE | 370 | 380 |
| YAZOO CLAY | 380 | 400 |

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)

Type of Casing Hole Depth 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 _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

Drilled Test

Hole pumped

Bentonite to

top of hole -

Topped off with

hole plug -

SCREEN DATA

Diameter - Inches Length - Feet Slot Size - Inches

Screen Type Depth to Bottom - Feet

Top of Lap Pipe or Reduction in Casing

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

I certify that **Test hole** 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.

E. M. Bud Cresswell 0-150
Signature of Licensed Driller and License No.

RECEIVED

JAN 26 2004
Date

BY: OLWR

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,
 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.