

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
SCOTT

WELL NUMBER **2** CODED

db-03

DATE WELL COMPLETED
7-31-03

PERMIT NUMBER

NAME OF DRILLING FIRM
PARKER

well service

NAME & MAILING ADDRESS OF LANDOWNER
NATHALINE FUTCH
FOREST MS.

Latitude:
Longitude:

WELL LOCATION. SEC **26** TOWNSHIP **T5M** RANGE **R7E**

DISTANCE **5** Miles DIRECTION **WEST** of NEAREST TOWN **FOREST**

OTHER LANDMARK

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

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet, Flowing Well,
Other (Describe) **AIR**

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) **H/P**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
SANDY CLAY	0	20
GUMBO	20	200
LIME ROCK	200	210
GUMBO	210	280
SAND	280	300
GUMBO	300	430
LIGNITE	430	450
SAND	450	470
CLAY	470	485

WELL DATA

Well Depth 494	Casing Diameter (In.) 2"	Casing Length (Ft.) 484
Type of Casing PVC	Hole Depth 515	Depth to Static Water Level 260'

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 2"	Length - Feet 10'	Slot Size - inches 006
Screen Type PVC	Depth to Bottom - Feet 494	

Top of Lap Pipe or Reduction in Casing
FEET IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED
AUG 11 2003
BY: OLWR

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.

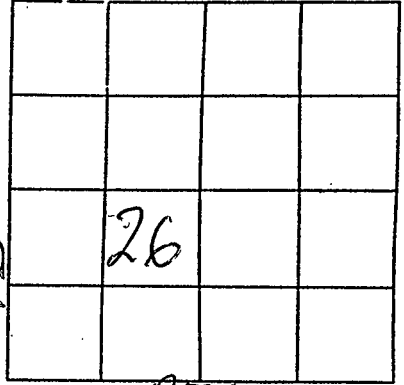
John R Parker
Signature of Licensed Driller and License No.

7-31-03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



R7E
SECTION 26

Please indicate well location X.

Pump Capacity (GPM) <i>Air</i>	No. of Stages	Setting Depth FT.
PUMP TEST		
Well yielded <i>Air well</i> 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.