

**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>Simpson</u>	
WELL NUMBER <u>B-67</u>	CODED
DATE WELL COMPLETED <u>4-29-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>James Wells</u> <u>Water Well Sec.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Don Barlow</u> <u>134 Barlow Rd</u>			
Latitude: <u>Barstow</u> Longitude: <u>30° 44' N</u> <u>MS. 39044</u>			
WELL LOCATION	SEC <u>35</u>	TOWNSHIP <u>2 S</u>	RANGE <u>2 W</u>
DISTANCE <u>7</u> Miles	DIRECTION <u>West</u>	NEAREST TOWN <u>Barstow</u>	
OTHER LANDMARK			
WELL PURPOSE (Circle one) <u>Home</u> Irrigation, Municipal, Industrial, Fish Pond, etc.			

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, Butane, Other (Describe) H/P <u>1E</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>1</u>
<u>clay</u>	<u>1</u>	<u>10</u>
<u>Sand</u>	<u>10</u>	<u>15</u>
<u>clay</u>	<u>15</u>	<u>240</u>
<u>Sand</u>	<u>240</u>	<u>305</u>
<b>RECEIVED</b>		
MAY 06 2004		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>305</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>285</u>
Type of Casing <u>P.V.C.</u>	Hole Depth <u>305</u>	Depth to Static Water Level <u>60</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other		
WELL GROUTED TO A DEPTH OF <u>15</u> FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - inches <u>4</u>	Length - Feet <u>20</u>	Slot Size - inches <u>008</u>
Screen Type <u>P.V.C.</u>	Depth to Bottom - Feet <u>285-305</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.

James Wells 05-86  
Signature of Licensed Driller and License No.

4-29-04  
Date

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.
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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.