

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
Simpson

WELL NUMBER **#1** CODED

D-72

DATE WELL COMPLETED
10-16-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Water Well Services

Arnold Fincher Sr

NAME & MAILING ADDRESS OF LANDOWNER
Brandy Newsom
3420 Simpson Hwy 49
Mendenhall, MS

Latitude:
Longitude:

WELL LOCATION: SEC **20** TOWNSHIP **2** RANGE **24**

DISTANCE _____ MILES DIRECTION _____ NEAREST TOWN **D'ho**

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) _____

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P **1.0**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Orange clay	0	10
Brown clay	10	60
Grey clay	60	168
sand	168	193
Clay	193	195

RECEIVED

NOV 04 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

WELL DATA

Well Depth **193** Casing Diameter (In.) **2** Casing Length (Ft.) **173**

Type of Casing **PVC** Hole Depth **195** Depth to Static Water Level **110**

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe) _____

WELL GROUTED TO A DEPTH OF **25** FEET
Type Grout (circle one) **Cement**, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 2	Length - Feet 20	Slot Size - Inches 0.006
Screen Type PVC	Depth to Bottom - Feet 193	

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.

Arnold Fincher Sr 0598
Signature of Licensed Driller and License No.

10-30-02
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.

PUMP TEST

Well yielded 4 GPM with
 a drawdown of N.A ft.
 after 10 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.