

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	CODED
<u>M-25</u>	

DATE WELL COMPLETED
8-14-02

PERMIT NUMBER

NAME OF DRILLING FIRM
James Wells
Water Well Ser.

NAME & MAILING ADDRESS OF LANDOWNER
James Gruff

117 Ferguson Road

Latitude:
Longitude: New Harbor Ms 39140

WELL LOCATION. SEC TOWNSHIP RANGE
10 9 S 21 E

DISTANCE DIRECTION NEAREST TOWN
8 Miles West of New Harbor

OTHER LANDMARK

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

PUMP DATA		
PUMP TYPE (Circle One):	Flowing Well,	
<input checked="" type="checkbox"/> Submersible,	<input type="checkbox"/> Turbine,	<input type="checkbox"/> Jet
Other (Describe)		
POWER TYPE (Circle One):	Butane,	
<input checked="" type="checkbox"/> Electric,	<input type="checkbox"/> Tractor,	<input type="checkbox"/> Diesel,
<input type="checkbox"/> Gasoline,	Other (Describe)	
	H/P	<u>1</u>
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>20</u>
<u>sand</u>	<u>20</u>	<u>30</u>
<u>clay</u>	<u>30</u>	<u>140</u>
<u>sand</u>	<u>140</u>	<u>200</u>

RECEIVED

FEB 19 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
<u>200</u>	<u>4</u>	<u>180</u>
Type of Casing	Hole Depth	Depth to Static Water Level
<u>pvc</u>	<u>200</u>	<u>120</u>
TYPE OF COMPLETION: (Circle One or More):		
<input checked="" type="checkbox"/> Gravel Packed,	<input type="checkbox"/> Underreamed,	<input type="checkbox"/> Telescoped,
<input type="checkbox"/> Natural Development,	<input type="checkbox"/> Open Hole,	<input type="checkbox"/> Other
(Describe)		

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches	Length - Feet	Slot Size - Inches
<u>4</u>	<u>20</u>	<u>008</u>
Screen Type	Depth to Bottom - Feet	
<u>PVC</u>	<u>180-200</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 0586
Signature of Licensed Driller and License No.

8-14-02
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.
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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

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