

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 <i>SIMPSON</i>	
WELL NUMBER <i>27</i>	CODED
Q-40	
DATE WELL COMPLETED <i>9-23-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>CENTRAL Well Ser</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>James Sullivan</i>			
<i>Magee, Ms</i>			
Latitude:			
Longitude:			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	<i>35</i>	<i>10^N</i>	<i>17^E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>5</i> Miles	<i>SE</i>	of <i>MAGEE</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>Home</i>			

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
<i>0-25 Sandy clay</i>		
<i>25-35 Sand, Gravel</i>		
<i>35-100 Sandy clay</i>		
<i>100-200 Sand</i>		

WELL DATA		
Well Depth <i>200</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>280</i>
Type of Casing <i>P.V.C.</i>	Hole Depth <i>200</i>	Depth to Static Water Level
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 <i>12</i> FEET Type Grout (circle one) <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix

SCREEN DATA		
Diameter - Inches <i>4"</i>	Length - Feet <i>20'</i>	Slot Size - Inches <i>#8</i>
Screen Type <i>P.V.C.</i>	Depth to Bottom - Feet	

RECEIVED
NOV 18 2002
BY: OLWR
Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

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.

[Signature] *0-0604*
Signature of Licensed Driller and License No.

9-26-02
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 <u>40</u> GPM with			
a drawdown of <u>80</u> ft.			
after <u>48</u> 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.