

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 Q-42 CODED

DATE WELL COMPLETED
3-28-03

PERMIT NUMBER

NAME OF DRILLING FIRM
CENTRAL Well
Florence, MS.

NAME & MAILING ADDRESS OF LANDOWNER
Elizabeth Berry
Hwy 49 S. Magee, MS

Latitude:
Longitude:

WELL LOCATION: SEC 22 TOWNSHIP 10 S RANGE 17 E

DISTANCE 3 Miles DIRECTION South of NEAREST TOWN Magee

OTHER LANDMARK
UNCLAIM FURN.

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

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Flowing Well, Other (Describe) _____

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Sandy clay</u>	<u>0</u>	<u>35</u>
<u>Water sand</u>	<u>35</u>	<u>100</u>

RECEIVED
JUN 10 2003
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 <u>100</u>	Casing Diameter (in.) <u>2</u>	Casing Length (ft.) <u>20</u>
Type of Casing <u>P.V.C.</u>	Hole Depth <u>100</u>	Depth to Static Water Level <u>30 ft.</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> <u>Gravel Packed</u> , <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): <input checked="" type="checkbox"/> <u>Cement</u> , <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA

Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>#8</u>
Screen Type <u>P.V.C.</u>	Depth to Bottom - Feet <u>100</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.

Johnny Elly 0-064
Signature of Licensed Driller and License No

4-14-03
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 _____ 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.