

DEQ

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
SMITH

WELL NUMBER _____ CODED _____

H-27

DATE WELL COMPLETED
5-8-04

PERMIT NUMBER _____

NAME OF DRILLING FIRM
A-1 DRILLING SER

LAUREL, MS

NAME & MAILING ADDRESS OF LANDOWNER
Tim McNeil
7000 HIGHWAY 501
LOWIN, MS 39338

Latitude: 32 06 26 N
Longitude: 89 24 00 W

WELL LOCATION. SEC TOWNSHIP RANGE
8 3 N 9 E

DISTANCE DIRECTION NEAREST TOWN
2 Miles S of PINEVILLE

OTHER LANDMARK _____

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

WELL DATA G.I.

Well Depth <u>521'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>500'</u>
Type of Casing <u>GALV. ST.</u>	Hole Depth <u>557'</u>	Depth to Static Water Level

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

WELL GROUTED TO A DEPTH OF 60 FEET
 Type Grout (circle one) Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>20'</u>	Slot Size - Inches <u>.005"</u>
Screen Type <u>BAR WELD SS</u>	Depth to Bottom - Feet <u>520'</u>	

PUMP DATA

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

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
 Other (Describe) 5 H/P 230 V 1P

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay, tan	0	14
Sand, white to brn	14	23
Sand & clay mixed lig	23	35
Clay, gray-green	35	63
Clay, gray-green	63	309
Clay, gray, hard silts	309	336
Clay, lt gray	336	356
Clay, gray, rd shells	356	369
Clay, gray, dark, brittle	369	385
Sand, v. fine, lign.	385	420
Sand, better	420	439
Clay, brown, soft	439	472
Sand, v. fine	472	555
Clay	555	557

RECEIVED

JUN 16 2004

BY: OLWB
BT: OLWB

Top of Lap Pipe or Reduction in Casing
 FEET IF TELESKOPED 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] 0410
 Signature of Licensed Driller and License No.

6-14-04
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION 8

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
50	15	210	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

MS OFFICE OF GEOLOGY

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
370'			
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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