

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
Q-48

DATE WELL COMPLETED
7-29-02

PERMIT NUMBER
0-514

NAME OF DRILLING FIRM
J+S Waterwell

NAME & MAILING ADDRESS OF LANDOWNER
Bobby Eubanks

400 Brooklyn Ln.

Latitude:
Longitude: Mize MS. 39116

WELL LOCATION. SEC TOWNSHIP RANGE
10 10 N 15 E W

DISTANCE DIRECTION NEAREST TOWN
5 Miles E of Mize

OTHER LANDMARK

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

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay sand</u>	<u>0</u>	<u>75</u>
	<u>75</u>	<u>135</u>

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BY: OLWR

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)
135 4 115

Type of Casing Hole Depth Depth to Static Water Level
oeh 40 135

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

WELL GROUTED TO A DEPTH OF 7 FEET
Type Grout (circle one) Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches Length - Feet Slot Size - Inches
4 20 8

Screen Type Depth to Bottom - Feet
oeh 40

Top of Lap Pipe or Reduction in Casing
FEET 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.

Smith Bone 0-514 7-29-02
Signature of Licensed Driller and License No. 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.