

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 <u>Juniata</u>	
WELL NUMBER <u>L-169</u>	CODED
DATE WELL COMPLETED <u>7/13/04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Office of Geology & Land & Water</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Mike Hammer</u>			
<u>2926 Hwy 49</u> <u>Boleville, MS 38771</u>			
Latitude: <u>33 37 25 N</u>			
Longitude: <u>90 29 39 W</u>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>3</u>	<u>20</u>	<u>S 3</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>15</u> Miles	<u>W</u>	of <u>Schlater</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Geologic Test hole</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) _____ H/P _____			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>dark Brown clay</u>	<u>0</u>	<u>25</u>
<u>sand</u>	<u>25</u>	<u>80</u>
<u>Coarse sand + pea gravel</u>	<u>80</u>	<u>110</u>
<u>gravel</u>	<u>110</u>	<u>130</u>
<u>sand</u>	<u>140</u>	<u>173</u>
<u>clay</u>	<u>173</u>	<u>183</u>
<u>sand</u>	<u>183</u>	<u>204</u>
<u>clay</u>	<u>204</u>	<u>206</u>
<u>sand</u>	<u>206</u>	<u>280</u>
<u>clay</u>	<u>280</u>	<u>282</u>
<u>sand</u>	<u>282</u>	<u>288</u>
<u>clay</u>	<u>288</u>	<u>290</u>
<u>sand</u>	<u>290</u>	<u>294</u>
<u>clay</u>	<u>294</u>	<u>300</u>

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WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
Type of Casing	Hole Depth	Depth to Static Water Level
	<u>300</u>	
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		

WELL GROUTED TO A DEPTH OF <u>300</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix
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SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
Screen Type	Depth to Bottom - Feet	

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.

Chris W. Magee 0-619
Signature of Licensed Driller and License No.

7/20/04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 3

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.