

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>TATE</u>	
WELL NUMBER <u>D-2132</u>	CODED
DATE WELL COMPLETED <u>9-14-01</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>HICKS WELL CO.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Caryn Mays or Roger Smith</u>
<u>454 Powers Rd.</u>
Latitude:
Longitude: <u>Caldwell, MS 38618</u>
WELL LOCATION: SEC <u>17</u> TOWNSHIP <u>4 N</u> RANGE <u>5 W</u>
DISTANCE <u>1 1/2</u> Miles DIRECTION <u>SE</u> NEAREST TOWN: <u>Winkfield</u>
OTHER LANDMARK
WELL PURPOSE: <u>Home</u> , 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 1/2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Brown + White Clay</u>	<u>0</u>	<u>10</u>
<u>Red Sand + Red Sand</u>	<u>10</u>	<u>30</u>
<u>White Sand + Clay</u>	<u>30</u>	<u>80</u>
<u>White Sand</u>	<u>80</u>	<u>140</u>

REC'D OCT 16 2001

WELL DATA

Well Depth <u>140</u>	Casing Diameter (In.) <u>1.514</u>	Casing Length (Ft.) <u>1810</u>
Type of Casing <u>PVC</u>	Hole Depth <u>140</u>	Depth to Static Water Level <u>80</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input checked="" type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input checked="" type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		

WELL GROUTED TO A DEPTH OF 3 FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>4</u>	Length - Feet <u>70</u>	Slot Size - Inches <u>1013</u>
Screen Type <u>PVC Slotted</u>	Depth to Bottom - Feet <u>130</u>	

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.

[Signature] 0-323
Signature of Licensed Driller and License No.

10/11/01
Date

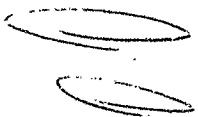
Additional Information Required On Back

If well telescopes please sketch and show depths.

STAT

GROUND LEVEL

1/2
 01 0 well still + ground
 08 01 well + ground
 30 30 well + ground
 01 08 well + ground



10-11-P

11/13/05	10	2	11
11/13/05	10	2	11
11/13/05	10	2	11
11/13/05	10	2	11

SECTION 17

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
0/01	4	120 04' FT.
PUMP TEST		
Well yielded	08	041 219
a drawdown of		GPM with
after		ft.
		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
 BAC 11/13/05

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks

0-2

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