

**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>3-104</u>	CODED
DATE WELL COMPLETED <u>12-26-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>N. MS well drilling</u> <u>Frank Langford</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>DAVID McDaniel</u> <u>no 9th yet</u>			
<u>PAST-TATE RD (Caldwell)</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>13</u>	<u>S 5</u>	<u>N 7 E</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>5</u> Miles	<u>R</u>	<u>Caldwell</u>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home Irrigation</u> , Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> , Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>24</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>AVT</u>	<u>0</u>	<u>20</u>
<u>Red sand</u>	<u>20</u>	<u>40</u>
<u>Brown sand</u>	<u>40</u>	<u>60</u>
<u>W/L sand</u>	<u>60</u>	<u>80</u>
<u>Dark clay</u>		
<u>Gravel</u>	<u>90</u>	<u>100</u>
<u>W/Sand</u>	<u>100</u>	<u>170</u>
<b>RECEIVED</b>		
<b>FEB 13 2004</b>		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

**WELL DATA**

Well Depth <u>170</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>20</u>
Type of Casing <u>PVC</u>	Hole Depth <u>170</u>	Depth to Static Water Level <u>50'</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>10</u> FEET Type Grout (circle one): Cement, <u>Bentonite</u> , or Mix		

**SCREEN DATA**

Diameter - Inches <u>4</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>1013</u>
Screen Type <u>Slot</u>	Material <u>PVC</u>	Depth to Bottom - Feet <u>170</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.

Frank Langford 0-622  
Signature of Licensed Driller and License No.

2-8-04  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 13

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
<u>12</u>	<u>12</u>	<u>120</u> FT.

PUMP TEST

Well yielded 154 GPM with  
 a drawdown of 3 ft.  
 after 2 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

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