

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>701E</u>	WELL NUMBER <u>354</u>	CODED	PERMIT NUMBER
M-2064			NAME OF DRILLING FIRM <u>SMITH Well</u>
DATE WELL COMPLETED <u>10-14-02</u>			<u>DRILLING & SEW.</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 34

NAME & MAILING ADDRESS OF LANDOWNER
ELMER MASSEY
COUNTRY CLUB SENAROBIA

Latitude:
Longitude:

WELL LOCATION: SEC T6 TOWNSHIP N 17 RANGE E W

DISTANCE 4 MILES DIRECTION S-E of SENAROBIA NEAREST TOWN

OTHER LANDMARK

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>TOP SOIL</u>	<u>0</u>	<u>10</u>
<u>GRAVEL</u>	<u>10</u>	<u>40</u>
<u>RED SAND</u>	<u>40</u>	<u>60</u>
<u>WHITE CLAY</u>	<u>60</u>	<u>100</u>
<u>WHITE SAND</u>	<u>100</u>	<u>140</u>

WELL DATA

Well Depth <u>140</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>130</u>
Type of Casing <u>PVC</u>	Hole Depth <u>140</u>	Depth to Static Water Level <u>50'</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) <u>WASHED SAND</u>		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or Mix		

RECEIVED

Aug 22 2002

BY: OLWR

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>14 TEARS</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>140</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] 0-645
Signature of Licensed Driller and License No.

6-15-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION M-10

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
<u>12</u>	<u>11</u>	<u>60</u> FT.

PUMP TEST

Well yielded 17 GPM with
 a drawdown of 3 ft.
 after 1 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.