

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

139
Lippah

COUNTY WELL LOCATED	WELL NUMBER	CODED
	N-59	
DATE WELL COMPLETED		
August 2003		

PERMIT NUMBER
NAME OF DRILLING FIRM
Keeper Drilling
PO BOX 200

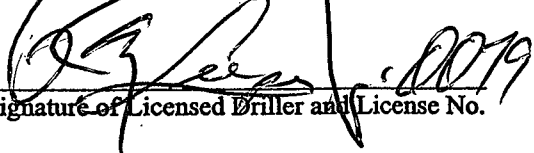
NAME & MAILING ADDRESS OF LANDOWNER
Nellie Cook CR 825 Blair MT, MS
Latitude:
Longitude:
WELL LOCATION. SEC TOWNSHIP RANGE
32 5 S 3 W
DISTANCE DIRECTION NEAREST TOWN
Miles of
OTHER LANDMARK
Cotton Plant Community
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Home

PUMP DATA		
PUMP TYPE (Circle One):		
<input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Turbine	<input type="checkbox"/> Jet
Other (Describe)		
POWER TYPE (Circle One):		
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Tractor	<input type="checkbox"/> Diesel
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Butane	
Other (Describe) 12 GPM H/P 3/4		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Clay	0	20
Blue clay	20	125
Rock + Brown Sand	125	200
RECEIVED		
JUN 30 2004		
BY: OLWR		
170	Top of Lap Pipe or Reduction in Casing	
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
200	4"	120
Type of Casing	Hole Depth	Depth to Static Water Level
PVC	200	40
TYPE OF COMPLETION: (Circle One or More)		
<input type="checkbox"/> Gravel Packed	<input type="checkbox"/> Underreamed	<input checked="" type="checkbox"/> Telescoped
<input type="checkbox"/> Natural Development	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Other
(Describe)		
WELL GROUTED TO A DEPTH OF 10 FEET		
Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
2"	30	1008
Screen Type	Depth to Bottom - Feet	
Slotted PVC	200	

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.

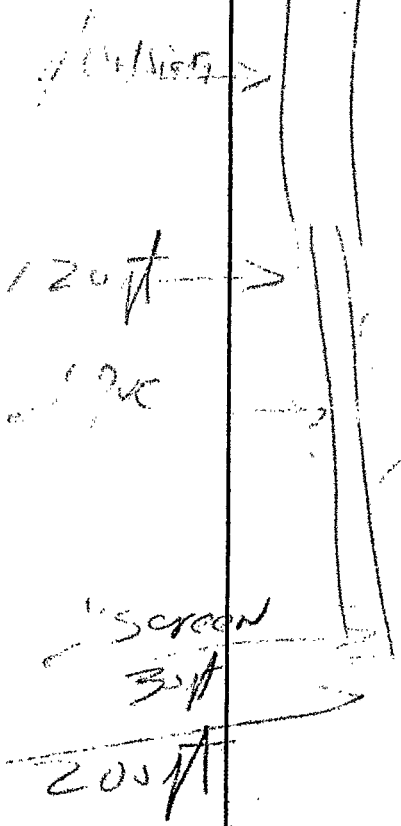

Signature of Licensed Driller and License No.

6-28-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



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

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
12	11	100	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
