

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>Walthall</u>	
WELL NUMBER <u>0-117</u>	CODED
DATE WELL COMPLETED <u>10-1-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>J&S Water Well</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>St. Francis Animal Svc.</u>			
<u>97 Obed Magee Rd.</u>			
Latitude:		Longitude: <u>Tylertown Mo 39067</u>	
WELL LOCATION	SEC <u>33</u>	TOWNSHIP <u>3</u> N	RANGE <u>10</u> E
DISTANCE <u>6</u> Miles	DIRECTION <u>NW</u>	NEAREST TOWN <u>of Tylertown</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> 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>1</u>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>15</u>
<u>Sand + Gravel</u>	<u>15</u>	<u>155</u>
RECEIVED		
FEB 17 2004		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET		
IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

WELL DATA		
Well Depth <u>155</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>135</u>
Type of Casing <u>sch 40</u>	Hole Depth	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>8</u>
Screen Type <u>sch 40</u>	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.

Travis Boone 0.514
Signature of Licensed Driller and License No.

10-1-03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

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.