

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 Walthall	
WELL NUMBER F-102	CODED
DATE WELL COMPLETED 12/30/03	

PERMIT NUMBER 0-508
NAME OF DRILLING FIRM Jordan Well Ser

NAME & MAILING ADDRESS OF LANDOWNER Andrew Jordan 161 D'NAH - Salem Rd Tylertown, Ms			
Latitude: Longitude:			
WELL LOCATION.	SEC	TOWNSHIP	RANGE
	2	2	11
DISTANCE	DIRECTION		NEAREST TOWN
4 Miles	N of Tylertown		
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): <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, 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) _____ H/P 1/2			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	1
Sandy Clay	1	40
Sand	40	72

RECEIVED
JAN 08 2004
BY: OLWER

WELL DATA		
Well Depth 72	Casing Diameter (In.) 4	Casing Length (Ft.) 62
Type of Casing Pvc	Hole Depth 72	Depth to Static Water Level 40
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 4	Length - Feet 10	Slot Size - Inches .010
Screen Type Pvc	Depth to Bottom - Feet 62	

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.

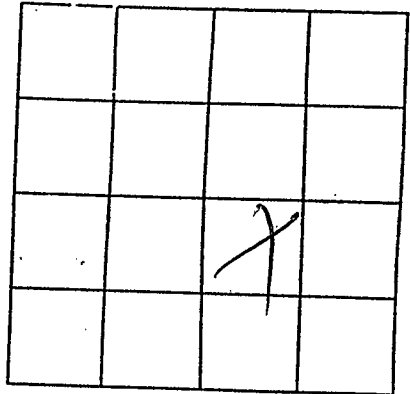
 **0-508**
Signature of Licensed Driller and License No.

12/30/03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 2

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
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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.