

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
Walton

WELL NUMBER F-12070 CODED

Joseph Stogner

DATE WELL COMPLETED
1/23/02

PERMIT NUMBER
0-482

NAME OF DRILLING FIRM
TOM GRIFFITH

Water Well

NAME & MAILING ADDRESS OF LANDOWNER
PATTERSON DRILLING
1101 HWY 31 west
KILGORE, TX 75062

Latitude:
Longitude:

WELL LOCATION: SEC _____ TOWNSHIP _____ RANGE _____
2 N 11 E
S W

DISTANCE _____ MILES _____ DIRECTION _____ NEAREST TOWN _____
3 East of Tyler

OTHER LANDMARK _____

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

WELL DATA

Well Depth <u>157</u>	Casing Diameter (in.) <u>4</u>	Casing Length (ft.) <u>117</u>
Type of Casing <u>PVC</u>	Hole Depth <u>157</u>	Depth to Static Water Level <u>80</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA

Diameter - Inches <u>4</u>	Length - Feet <u>20 FT</u> <u>20 FT</u>	Slot Size - Inches <u>.075</u> <u>.030</u>
Screen Type <u>PVC slot</u>	Depth to Bottom - Feet <u>0</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 13

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Sand clay</u>	<u>0</u>	<u>65</u>
<u>Sand & gravel</u>	<u>65</u>	<u>157</u>

RECEIVED
FEB 06 2002
BY: OLWR

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.

Luann Stogner
Signature of Licensed Driller and License No.

1/29/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) <i>100</i>	No. of Stages	Setting Depth <i>120</i> FT.
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PUMP TEST

Well yielded *80* GPM with
a drawdown of *Air Lift* 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.