

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 _____ CODED _____
K-609
DATE WELL COMPLETED
4/28/04

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

NAME & MAILING ADDRESS OF LANDOWNER
James Erwin
2129 Hamilton ST.
Franklin, LA 70438
Latitude: _____
Longitude: _____
WELL LOCATION. SEC 3 TOWNSHIP 1 N RANGE 12 W
DISTANCE 4 Miles DIRECTION SSW of NEAREST TOWN Dexter
OTHER LANDMARK _____
WELL PURPOSE Home Irrigation, Municipal, Industrial, Fish Pond, etc.

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 1
DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO
Top Soil 0 1
Sandy Clay 1 60
Sand 60 100

RECEIVED
MAY 04 2004
B.V. OLIVER
DRILLER

Top of Lap Pipe or Reduction in Casing
FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth 100 Casing Diameter (In.) 4 Casing Length (Ft.) 90
Type of Casing PVC Hole Depth 100 Depth to Static Water Level 65
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, Mix

SCREEN DATA

Diameter - Inches 4 Length - Feet 10 Slot Size - Inches .010
Screen Type PVC Depth to Bottom - Feet 90

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.

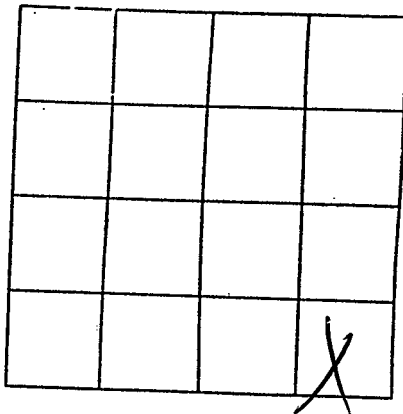
[Signature] 0-508
Signature of Licensed Driller and License No.

2/28/04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 3

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.