

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>Washington</u>	
WELL NUMBER <u>D-219</u>	CODED
DATE WELL COMPLETED <u>April 15 2004</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>H+T Drilling</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Trans Mountain</u> <u>310 Walthams - nr 39701</u> <u>Greenville</u>			
Latitude:			
Longitude:			
WELL LOCATION.	SEC <u>3</u>	TOWNSHIP <u>T18S</u>	RANGE <u>R9 E</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>_____</u> Miles	<u>_____</u>	of <u>Greenville</u>	
OTHER LANDMARK <u>Test</u>			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>cathodic protection hole</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 _____		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>topsoil</u>	<u>0</u>	<u>5</u>
<u>sand + clay + wood</u>	<u>5</u>	<u>25</u>
<u>sand + pea gravel</u>	<u>25</u>	<u>106</u>
<u>Clay</u>	<u>106</u>	<u>155</u>
<u>shale</u>	<u>155</u>	<u>160</u>
<u>clay</u>	<u>160</u>	<u>205</u>
<u>sand + clay mix</u>	<u>205</u>	<u>215</u>
<u>clay</u>	<u>215</u>	<u>220</u>
<u>sand + clay mix</u>	<u>220</u>	<u>235</u>
<u>clay</u>	<u>235</u>	<u>242</u>
<u>sand + clay mix</u>	<u>242</u>	<u>260</u>
<u>Rock</u>	<u>260</u>	<u>261</u>

WELL DATA		
Well Depth <u>250</u>	Casing Diameter (In.)	Casing Length (Ft.)
Type of Casing	Hole Depth <u>10</u>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>55</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

RECEIVED	
JUN 16 2004	
BY: OLWR	
Top of Lap Pipe or Reduction in Casing	
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
Screen Type		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. 601-582-1044

Mark H. Thompson 0-629
Signature of Licensed Driller and License No.

_____ Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 3

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.