

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
Wayne

WELL NUMBER L-74 CODED

DATE WELL COMPLETED
12-13-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Roy L. West Drilling

NAME & MAILING ADDRESS OF LANDOWNER
Mike Shoemake
Claude Shoemake Ad
Laurel MS

Latitude:
Longitude:

WELL LOCATION. SEC 6 TOWNSHIP 8 RANGE 9 ^N _S ^E _W

DISTANCE 10 Miles DIRECTION E of NEAREST TOWN Laurel

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Poultry Farm

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
CLAY	0	6
SAND	6	8
CLAY	8	42
SAND	42	94

WELL DATA

Well Depth 94 Casing Diameter (In.) 4 Casing Length (Ft.) 84

Type of Casing PVC Hole Depth 94 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 slotted Depth to Bottom - Feet 94

RECEIVED

DEC 24 2003

BY: OLWER

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.

Roy L. West 0-672 Signature of Licensed Driller and License No.

12-13-03 Date

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 6

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
20		60 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.