

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 <i>Winston</i>	
WELL NUMBER <i>P-27</i>	CODED
DATE WELL COMPLETED <i>11-15-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Tim's Well & Pump Service</i>

NAME & MAILING ADDRESS OF LANDOWNER
Dina Watkins

Latitude:
Longitude:

WELL LOCATION: SEC 9 TOWNSHIP 13 RANGE N 12 E

DISTANCE 1.03 Miles DIRECTION W of NEAREST TOWN NOVA PATER

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 5

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>20</i>
<i>White & Pink clay</i>	<i>20</i>	<i>30</i>
<i>lignite</i>	<i>30</i>	<i>36</i>
<i>Clay</i>	<i>36</i>	<i>283</i>
<i>Coarse sand</i>	<i>283</i>	<i>290</i>
<i>Fine Sand</i>	<i>290</i>	<i>300</i>
<i>sand mixed w/ lignite</i>	<i>300</i>	<i>315</i>
<i>Clay w/ silty sand</i>	<i>315</i>	<i>450</i>
<i>Clay</i>	<i>450</i>	<i>532</i>
<i>Sand</i>	<i>532</i>	<i>560</i>
<i>Coarse sand</i>	<i>560</i>	<i>590</i>

WELL DATA

Well Depth <i>590</i>	Casing Diameter (In.) <i>4 1/2" 4"</i>	Casing Length (FL.) <i>460'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>590'</i>	Depth to Static Water Level <i>84'</i>

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe) _____

WELL GROUTED TO A DEPTH OF 15 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <i>2 1/2"</i>	Length - Feet <i>60'</i>	Slot Size - Inches <i>20</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>590'</i>	

RECEIVED

FEB 18 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing
450 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.

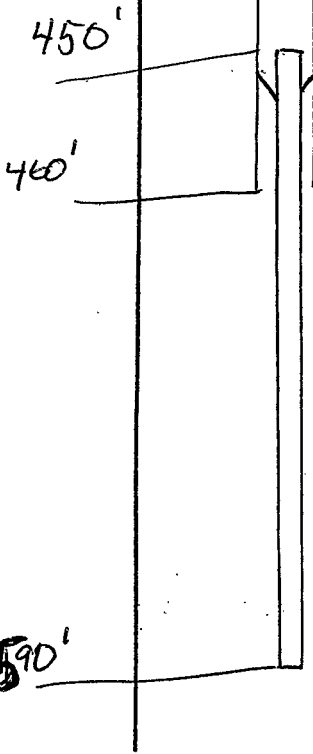
Jim Baker 0-630
Signature of Licensed Driller and License No.

11-18-02
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)	No. of Stages	Setting Depth
60	15	220' 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.