

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
Yalobusha

WELL NUMBER
B-0041

CODED

B-41

DATE WELL COMPLETED
4-8-04

PERMIT NUMBER

NAME OF DRILLING FIRM
MS Office of Geology

Jackson, MS

NAME & MAILING ADDRESS OF LANDOWNER
US Core of Eng,
Vicksburg District

Enid Lake Field Office
P.O. Box 10, Enid MS 38967

Latitude: 340911N
Longitude: 894021W

WELL LOCATION. SEC TOWNSHIP RANGE
1 11 S 5 E

DISTANCE DIRECTION NEAREST TOWN
Miles of

OTHER LANDMARK
SW1/4, SW1/4, NE1/4, SE1/4

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Test Hole

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet, Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) N/A H/P

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>33</u>
<u>Sand</u>	<u>33</u>	<u>64.5</u>
<u>Clay</u>	<u>64.5</u>	<u>174</u>
<u>Rock layer</u>	<u>174</u>	<u>175</u>
<u>Sand</u>	<u>175</u>	<u>189</u>
<u>Clay</u>	<u>189</u>	<u>315</u>
<u>Sand</u>	<u>315</u>	<u>327</u>
<u>Clay</u>	<u>327</u>	<u>400</u>
<u>Silty</u>	<u>400</u>	<u>420</u>
<u>Sand</u>	<u>420</u>	<u>528</u>
<u>Clay</u>	<u>528</u>	<u>543</u>
<u>Sand</u>	<u>543</u>	<u>601</u>

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)

Type of Casing Hole Depth 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 600 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches Length - Feet Slot Size - Inches

Screen Type Depth to Bottom - Feet

RECEIVED

APR 14 2004

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.

[Signature] 0-555
Signature of Licensed Driller and License No.

4-12-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION 1

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
PUMP TEST			
Well yielded _____ GPM with a drawdown of <u>N/A</u> ft. after _____ hours of pumping			

LOG DATA

TYPE OF LOG RUN (Circle One): <u>Electric</u> , Gamma Ray , Density, Sonic, Neutron, Other (Describe) <u>Geology</u>	No Log Run
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.