

PaA

# 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  
*Wata Bush*

WELL NUMBER  
**B-42**

CODED

DATE WELL COMPLETED  
*5/6/04*

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Office of Geology*

NAME & MAILING ADDRESS OF LANDOWNER  
*U of Coke of Engineer  
Vick Burg District End lake  
PO Box 10  
End MS 39767*

Latitude: *34 08 29 N*  
Longitude: *89 45 27 W*

WELL LOCATION: SEC *7* TOWNSHIP *11 N* RANGE *5 E*

DISTANCE *9* Miles DIRECTION *east* of NEAREST TOWN *Oakland*

OTHER LANDMARK  
*Water Valley landing*

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.  
*Geology 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) \_\_\_\_\_ H/P \_\_\_\_\_

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	16
sand	16	56
clay	56	75
sand	75	80
clay	80	125
sand	125	143
clay	143	160
sand	160	180
clay	180	188
sand	188	220
clay	220	330
silty clay	330	355
clay	355	420
silty clay	420	485
sandy clay	485	570
sandy	570	570
clay	570	645
sand	645	650

WELL DATA

Well Depth *650* Casing Diameter (In.) \_\_\_\_\_ Casing Length (Ft.) \_\_\_\_\_

Type of Casing \_\_\_\_\_ Hole Depth *650* 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 *650* 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**

**MAY 17 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.

*John Moore 0-619*  
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 7

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.