

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>Yalobusha</u>	
WELL NUMBER <u>D-2004</u>	CODED
DATE WELL COMPLETED <u>8-13-01</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Tim's Well & Pump</u>
<u>SVC</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Leigh Warren</u>			
<u>CR 119</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>29</u>	<u>10 N</u>	<u>3 E</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>5</u> Miles	<u>East</u>	<u>Water Valley</u>	
OTHER LANDMARK			
WELL PURPOSE (Home) <u>Irrigation</u> , 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 115

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>70</u>
<u>sand</u>	<u>70</u>	<u>95</u>
<u>clay</u>	<u>95</u>	<u>490</u>
<u>sand</u>	<u>490</u>	<u>520</u>

WELL DATA

Well Depth <u>520'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>300'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>520'</u>	Depth to Static Water Level <u>160'</u>
TYPE OF COMPLETION: (Circle One or More): <input type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input checked="" type="radio"/> <u>Telescoped</u> , <input type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		

WELL GROUTED TO A DEPTH OF 18 FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>2"</u>	Length - Feet <u>30</u>	Slot Size - Inches <u>10/10</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>520'</u>	

Top of Lap Pipe or Reduction in Casing
290 FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED
 FEB 21 2002
 BY: OLWR

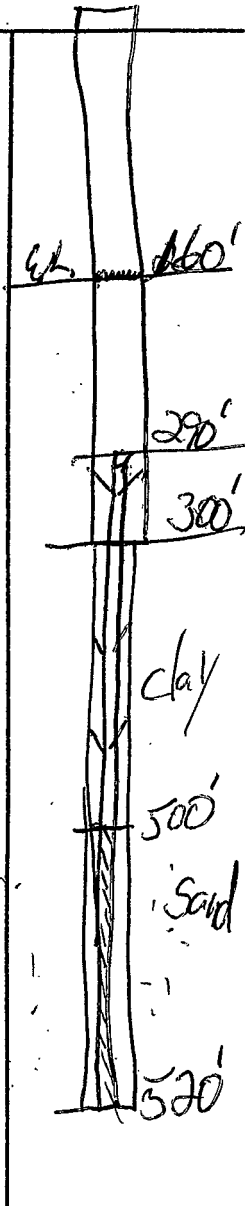
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jim Baker 0630
 Signature of Licensed Driller and License No.

9-12-01
 Date

If well telescopes please sketch and show depths.

GROUND LEVEL



		X	

SECTION 29

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
12		220' FT.

PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): Electric Gamma Ray Density Sonic Neutron No Log Run, 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.