

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
Adams
WELL NUMBER
2-2019
D98
DATE WELL COMPLETED
10-8-01

PERMIT NUMBER
0-60
NAME OF DRILLING FIRM
Rayborn Drilling

NAME & MAILING ADDRESS OF LANDOWNER
DARNELL LOGAN
Latitude:
Longitude:
WELL LOCATION SEC TOWNSHIP RANGE
44 7 N S: 2 E W
DISTANCE DIRECTION NEAREST TOWN
1 Miles E of Washington
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 1

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Topsoil	0	3
Chalk	3	85
Sand	85	90
Chalk	90	275
Sand	275	297

RECEIVED
FEB 15 2002
BY: OLWR

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)
297 4 277
Type of Casing Hole Depth Depth to Static Water Level
PVC 297
TYPE OF COMPLETION: (Circle One or More):
Gravel Packed Underreamed Telescoped
Natural Development Open Hole Other
(Describe)
WELL GROUTED TO A DEPTH OF _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches Length - Feet Slot Size - Inches
4 20 .010
Screen Type Depth to Bottom - Feet
PVC 297

Top of Lap Pipe or Reduction in Casing
FEET IF TELESKOPED 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] 060
Signature of Licensed Driller and License No.

10-10-01
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
12	12	260	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.