

MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES
Bureau of Land and Water Resources

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|--------------------------------------|-------|
| COUNTY WELL LOCATED Copiah | |
| WELL NUMBER L 2019 | CODED |
| DATE WELL COMPLETED 9-2-98 | |

| |
|--|
| PERMIT NUMBER 510 |
| NAME OF DRILLING FIRM Easley Waterwell |
| Brookhaven, MS 39601 |

P.O. Box 10631
Jackson, Mississippi 39209
WATER WELL DRILLERS LOG

| | | | |
|--|----------------------|------------------------------------|------------------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER Bill Robinson | | | |
| | | | |
| WELL LOCATION | SEC | TOWNSHIP | RANGE |
| | 4 | 1 ^N _S | 1 ^E _W |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| | Miles _____ of _____ | | |
| OTHER LANDMARK | | | |
| WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. | | | |

| | | |
|--|---------------|---------------|
| PUMP DATA | | |
| PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Tractor <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Butane, Other (Describe) _____ | | |
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| | | FT. |
| PUMP TEST | | |
| Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping | | |

| | | |
|---|------------------------------------|-----------------------------------|
| WELL DATA | | |
| Well Depth 150' | Casing Diameter (In.) 4" | Casing Length (FL) 130' |
| Type of Casing PVC | Hole Depth 150' | Depth to Static Water Level |
| TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development <input type="checkbox"/> Open Hole <input type="checkbox"/> Other (Describe) _____ | | |
| Top of Lap Pipe or Reduction in Casing | | |
| FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE. | | |

| | |
|---|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron, Other (Describe) _____ | |
| Name of Organization Running Log | |

| | | |
|--------------------------------|-----------------------------|----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches 4" | Length - Feet 20' | Slot Size - Inches 010 |
| Screen Type PVC | Depth to Bottom - Feet | |

| | | | |
|--|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |
| Driller's Remarks | | | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | | FROM | TO |
|---------------------------------------|------------|------------|--|------|----|
| Clay | 0 | 10 | <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 2em; transform: rotate(-5deg); display: inline-block;">RECEIVED</div> JUN 22 1999 Dept. of Environmental Quality Office of Land & Water Resources | | |
| Sand | 10 | 35 | | | |
| Clay | 35 | 130 | | | |
| Sand | 130 | 150 | | | |
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IF MORE SPACE IS NEEDED, USE BACK