

MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES
Bureau of Land and Water Resources

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

COUNTY WELL LOCATED Copiah		PERMIT NUMBER 510
WELL NUMBER L-2011	CODED	NAME OF DRILLING FIRM Easley Waterwell
DATE WELL COMPLETED 7-2-98		Brookhaven, MS 39601

NAME & MAILING ADDRESS OF LANDOWNER George Yeverston		
WELL LOCATION: SEC 4	TOWNSHIP N	RANGE 1
DISTANCE _____ Miles	DIRECTION _____	NEAREST TOWN _____
OTHER LANDMARK _____		
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.		

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible Turbine Jet Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric Tractor Diesel Gasoline 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 200'	Casing Diameter (in.) 4"	Casing Length (Ft.) 180'
Type of Casing PVC	Hole Depth _____	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, 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"/> No Log Run, <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 0.10
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	FORMATIONS (Continued)	FROM	TO
Clay	0	20	RECEIVED JUN 22 1999 Dept. of Environmental Quality Office of Land & Water Resources		
Sand	20	40			
Clay	40	180			
Sand	180	200			

IF MORE SPACE IS NEEDED, USE BACK