

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
Hancock

WELL NUMBER CODED
F2013

DATE WELL COMPLETED
8-8-91

PERMIT NUMBER

NAME OF DRILLING FIRM
Ponneywater Well Dr.

NAME & MAILING ADDRESS OF LANDOWNER
*Trainer Whitman
old Loden Place
New -*

WELL LOCATION: SEC TOWNSHIP RANGE
13 7 S 15 E

DISTANCE DIRECTION NEAREST TOWN
1 1/2 Miles NE of Kilm

OTHER LANDMARK
Last Grand Rd to Loda

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
before get 603-43

WELL DATA

Well Depth <i>715</i>	Casing Diameter (In.) <i>2</i>	Casing Length (Ft.) <i>710</i>
Type of Casing <i>PVC</i>	Hole Depth <i>715</i>	Depth to Static Water Level <i>29'</i>

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

SCREEN DATA

Diameter - Inches <i>2</i>	Length - Feet <i>15</i>	Slot Size - Inches <i>008</i>
Screen Type <i>PVC Wrap</i>	Depth to Bottom - Feet <i>715</i>	

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 _____

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

PUMP TEST

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

LOG DATA

TYPE OF LOG RUN (Circle One):
No Log Run, Electric, Gamma Ray, Sonic, Neutron,
Other (Describe) _____

RECEIVED
SEP 06 1991
Dept. of Environmental Quality
Bureau of Land & Water Resources

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
*Pumped good air
no power - to
back of land.*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>Top</i>	<i>0</i>	<i>12</i>	<i>fine to sand</i>	<i>675</i>	<i>690</i>
<i>SD</i>	<i>12</i>	<i>28</i>	<i>sd fine to med.</i>	<i>690</i>	<i>715</i>
<i>Orange clay</i>	<i>28</i>	<i>220</i>			
<i>1 1/2" blue</i>	<i>220</i>	<i>375</i>			
<i>shale</i>	<i>375</i>	<i>622</i>			
<i>4 1/2" to fine</i>	<i>622</i>	<i>675</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

PROCESSED

State of Ohio Dept. of Health
Division of Public Health

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen, show location of each on sketch.