

WATER WELL DRILLERS LOG

Date: _____ 19____ Driller: _____

Address

Description & Color of formation
Soils, Clay, Red Clay, Sand, etc.

(1) Owner of Land

(Name)

(Address)

(2) Location: _____ N. Sec. _____ T. R. _____

_____ miles of _____
(direction) (Nearest Town)

(3) Topography: _____
(Hilly) (Flat) (Level)

(4) Purpose of Well:

(Domestic, Irrigation, Municipal, Industrial, Other)

Information upon completion of well:

(1) Diameter _____ inches

(2) Total Depth _____ feet

(3) Water Level _____ feet below top of ground.

(4) Cased to _____ size

(5) Screen size _____ length

(6) Were any formations sealed against pollution?

Yes _____ no _____

If YES depth of formation _____

Why _____

Driller's Remarks _____

(Use back sheet)

Well No. _____

Mail this copy to Board of Water Commissioners, P.O. Box 100, Jackson, Mississippi 39201