

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 <i>Harrison</i> | |
| WELL NUMBER <i>A 2034</i> | CODED |
| DATE WELL COMPLETED <i>7-25-87</i> | |

| |
|--|
| PERMIT NUMBER <i>0-239</i> |
| NAME OF DRILLING FIRM <i>MC GILL PUMP & WELLS</i> |
| <i>RT1 BOX 1643 CANAL RD</i> |
| <i>GUPT, MS 39503</i> |

| | | | |
|--|--------------------------|-------------------------------|--------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Keith Cuevas</i> | | | |
| <i>15365 Cemetery Rd.</i> | | | |
| <i>Gupt, ms.</i> | | | |
| WELL LOCATION: | SEC <i>27</i> | TOWNSHIP <i>5</i> | RANGE <i>N 13 E W</i> |
| DISTANCE <i>5</i> Miles | DIRECTION <i>WEST</i> | NEAREST TOWN <i>Sauvie</i> | |
| OTHER LANDMARK | | | |
| WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. | | | |

| | | |
|--|---------------------------|---------------------------------|
| PUMP DATA | | |
| PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Jet, Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ | | |
| Pump Capacity (GPM) <i>15</i> | No. of Stages <i>2</i> | Setting Depth <i>80'</i> FT. |
| PUMP TEST | | |
| Well yielded <i>8</i> GPM with a drawdown of <i>5</i> ft. after <i>1</i> hours of pumping | | |

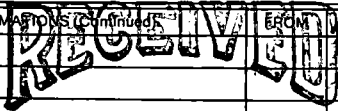
| | | |
|---|------------------------------------|---|
| WELL DATA | | |
| Well Depth <i>200'</i> | Casing Diameter (In.) <i>2"</i> | Casing Length (Ft.) <i>20'</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>200'</i> | Depth to Static Water Level <i>60'</i> |
| TYPE OF COMPLETION: (Circle One or More): <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 <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE | | |

| | |
|---|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input checked="" type="checkbox"/> No Log Run, <input checked="" 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 <i>2"</i> | Length - Feet <i>10'</i> | Slot Size - Inches <i>.0006</i> |
| Screen Type <i>DC 80 PVC</i> | Depth to Bottom - Feet <i>200'</i> | |

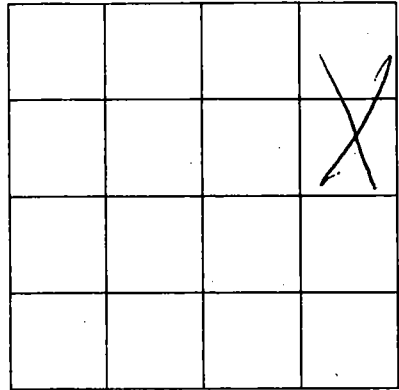
| | | | |
|--|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |

| |
|-------------------|
| Driller's Remarks |
| |
| |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | FORMATIONS (Continued) | FROM | TO |
|--|------|----|------------------------|------|----|
|  MAY 27 1987 Department of Natural Resources Bureau of Land & Water Resources | | | | | |
| IF MORE SPACE IS NEEDED, USE BACK | | | | | |

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

A series of horizontal lines for writing additional information.

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