

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Bureau of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

Cardinal Coal

COUNTY WELL LOCATED <i>Harrison</i>	
WELL NUMBER <i>B 2146</i>	CODED
DATE WELL COMPLETED <i>10-23-96</i>	

PERMIT NUMBER <i>0404</i>
NAME OF DRILLING FIRM <i>Lyman Well Co.</i>
<i>Gulfport Ms</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Grand Houseng</i>		
<i>13179 Three Rivers Rd</i>		
<i>Gulfport Ms 39503</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>26</i>	<i>5</i>	<i>N 12 E</i>
DISTANCE _____ Miles	DIRECTION _____	NEAREST TOWN _____
OTHER LANDMARK _____		
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> 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
		<i>80</i> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>240'</i>	Casing Diameter (In.) <i>4" X 2"</i>	Casing Length (Ft.) <i>230'</i>
Type of Casing <i>PVC</i>	Hole Depth	Depth to Static Water Level <i>40'</i>
TYPE OF COMPLETION: (Circle One or More): <input 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 checked="" 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 <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - Inches
Screen Type <i>PVC</i>	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

RECEIVED	
<i>DEC 03 1996</i>	
Dept. of Environmental Quality Office 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

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