

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

|  |       |
|--|-------|
| COUNTY WELL LOCATED<br><b>HARRISON</b> |       |
| WELL NUMBER<br><b>B 2173</b>           | CODED |
| DATE WELL COMPLETED<br><b>5-6-98</b>   |       |

|   |
|---|
| PERMIT NUMBER<br><b>D-239</b>           |
| NAME OF DRILLING FIRM<br><b>Mc Gill</b> |

|   |           |              |           |
|---|-----------|--------------|-----------|
| NAME & MAILING ADDRESS OF LANDOWNER<br><b>Katrina Valdez<br/>Cardinal Core</b>                        |           |              |           |
| WELL LOCATION   | SEC       | TOWNSHIP     | RANGE     |
|   | <b>35</b> | <b>5</b>     | <b>12</b> |
| DISTANCE  | DIRECTION | NEAREST TOWN |           |
| Miles   | of        |              |           |
| OTHER LANDMARK  |           |              |           |
| WELL PURPOSE <input checked="" type="radio"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc. |           |              |           |

|   |               |                                 |
|---|---------------|---------------------------------|
| <b>PUMP DATA</b>  |               |                                 |
| PUMP TYPE (Circle One):<br>Submersible, Turbine, <input checked="" type="radio"/> Jet, Flowing Well, Other (Describe) _____ |               |                                 |
| POWER TYPE (Circle One):<br>Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____                   |               |                                 |
| Pump Capacity (GPM)   | No. of Stages | Setting Depth<br><br><b>FT.</b> |
| PUMP TEST<br><br><b>N.A.</b>  |               |                                 |
| Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping  |               |                                 |

|                              |                                   |                             |
|------------------------------|-----------------------------------|-----------------------------|
| <b>WELL DATA</b>             |                                   |                             |
| Well Depth                   | Casing Diameter (In.)<br><b>2</b> | Casing Length (Ft.)         |
| Type of Casing<br><b>PVC</b> | Hole Depth                        | Depth to Static Water Level |

|  |  |
|--|--|
| <b>LOG DATA</b>  |  |
| TYPE OF LOG RUN (Circle One):<br>Electric, Gamma Ray, Density, Sonic, <input checked="" type="radio"/> No Log Run, Neutron, Other (Describe) _____ |  |
| Name of Organization Running Log   |  |

|  |  |  |  |
|--|--|--|--|
| TYPE OF COMPLETION: (Circle One or More):<br>Gravel Packed, Underreamed, Telescoped, <input checked="" type="radio"/> Natural Development, Open Hole, Other (Describe) _____ |  |  |  |
| WELL GROUTED TO A DEPTH OF <b>10</b> FEET<br>Type Grout (circle one): Cement, Bentonite, or Mix  |  |  |  |

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

|                               |                            |                                   |
|-------------------------------|----------------------------|-----------------------------------|
| <b>SCREEN DATA</b>            |                            |                                   |
| Diameter - Inches<br><b>2</b> | Length - Feet<br><b>20</b> | Slot Size - Inches<br><b>.006</b> |
| Screen Type<br><b>PVC</b>     | Depth to Bottom - Feet     |                                   |

|  |  |
|--|--|
| Driller's Remarks  |  |
| Top of Lap Pipe or Reduction in Casing<br><br><b>FEET</b> IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE |  |

| DESCRIPTION OF FORMATIONS ENCOUNTERED                              | FROM | TO | FORMATIONS (Continued) |    |
|--|------|----|------------------------|----|
|  |      |    | FROM                   | TO |
| <b>RECEIVED</b>  |      |    |                        |    |
| <b>AUG 06 1999</b>   |      |    |                        |    |
| Dept. of Environmental Quality<br>Office of Land & Water Resources |      |    |                        |    |
| IF MORE SPACE IS NEEDED, USE BACK                                  |      |    |                        |    |

