

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 HARRISON	
WELL NUMBER 2104	CODED
DATE WELL COMPLETED 5-23-95	

PERMIT NUMBER 0404
NAME OF DRILLING FIRM LYMAN WELL Co.
GULFPORT, MS.

NAME & MAILING ADDRESS OF LANDOWNER CLARA RIVERS			
19521 WILSON RD			
SAUCIER, MS 39574			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	26	5 N	11 W
DISTANCE	DIRECTION		NEAREST TOWN
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, 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) 1 H/P _____		
Pump Capacity (GPM)	No. of Stages	Setting Depth 40 FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth 135'	Casing Diameter (in.) 2"	Casing Length (Ft.) 125
Type of Casing PVC	Hole Depth 135'	Depth to Static Water Level 19'
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) _____		

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

WELL GROUTED TO A DEPTH OF _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

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

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches
Screen Type PVC	Depth to Bottom - Feet 135	

Driller's Remarks
Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO

FORMATIONS (Continued)	FROM	TO

RECEIVED

JUL 21 1995

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

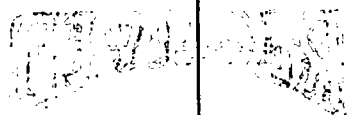
If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION



2007 1 1 000

2007 1 1 000

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