

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 **E 2105** CODED

DATE WELL COMPLETED
11-18-97

PERMIT NUMBER **D-039**

NAME OF DRILLING FIRM
McMull

NAME & MAILING ADDRESS OF LANDOWNER
Brian Ferguson
C-Nacaise

Dpt, Ms

WELL LOCATION SEC **32** TOWNSHIP **6** RANGE **13** E W

DISTANCE _____ MILES _____ of _____

DIRECTION _____ NEAREST TOWN _____

OTHER LANDMARK _____

WELL PURPOSE (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.)
 Home

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet, Flowing Well,
Other (Describe) _____

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P **112**

Pump Capacity (GPM) 15	No. of Stages 3	Setting Depth _____ FT.
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PUMP TEST

Well yielded **10** GPM with
a drawdown of _____ ft.
after **24** hours of pumping

WELL DATA

Well Depth 400	Casing Diameter (In.) 2	Casing Length (Ft.) 380
Type of Casing PUC	Hole Depth 400	Depth to Static Water Level 80

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other

LOG DATA

TYPE OF LOG RUN (Circle One):
Electric, Gamma Ray, Density, Sonic, No Log Run, Neutron,
Other (Describe) _____

Name of Organization Running Log _____

WELL GROUTED TO A DEPTH OF **10** 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

Driller's Remarks _____

Top of Lap Pipe or Reduction in Casing _____ FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

SCREEN DATA

Diameter - Inches 2	Length - Feet 20	Slot Size - Inches 1006
Screen Type puc	Depth to Bottom - Feet 400	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Mud Sand	0	380
	380	400

FORMATIONS (Continued)

FORMATIONS (Continued)	FROM	TO
RECEIVED		
AUG 06 1999		
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

PROCESSED

0001 0 0 0 0

Office of Land & Water Resources
Dept. of Environment & Planning

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