

HARRIS ON ✓

COUNTY WELL LOCATED
5-14-97

WELL NUMBER F404 CODED ✓

DATE WELL COMPLETED
Harrison

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources

PERMIT NUMBER 0-039

NAME OF DRILLING FIRM
McNee

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

NAME & MAILING ADDRESS OF LANDOWNER
Dr. Dmons
Memphis Rd.
Dept., Ms. 39505

WELL LOCATION: SEC 20 TOWNSHIP 6 N RANGE 12 E W

DISTANCE _____ DIRECTION _____ NEAREST TOWN _____
Miles _____ of _____

OTHER LANDMARK _____

WELL PURPOSE: Home Irrigation, Municipal, Industrial, Fish Pond, etc.

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 1

Pump Capacity (GPM) 15 No. of Stages 2 Setting Depth 80 FT.

PUMP TEST
Well yielded 12 GPM with
a drawdown of _____ ft.
after 24 hours of pumping

WELL DATA

Well Depth 340 Casing Diameter (In.) 2 Casing Length (Ft.) 320

Type of Casing PVC Hole Depth 340 Depth to Static Water Level 60'

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

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

LOG DATA

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

Name of Organization Running Log _____

SCREEN DATA

Diameter - Inches 2 Length - Feet 20 Slot Size - Inches 1.006

Screen Type PVC Depth to Bottom - Feet 340

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 TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------|-----|
| mud | 0 | 80 |
| sand | 80 | 100 |
| mud | 100 | 320 |
| sand | 320 | 340 |
| | | |
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| | | |

FORMATIONS (Continued)

| FROM | TO |
|------|----|
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| | |

RECEIVED
SEP 24 1997
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

DAVIDSON

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