**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**
Bureau of Land and Water Resources

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

| | |
|---|---|
| COUNTY WELL LOCATED: Harrison | |
| WELL NUMBER: F 2163 | CODED: |
| PERMIT NUMBER: 0404 | |
| NAME OF DRILLING FIRM: Lyman Well Co. Gulfport Ms. | |
| DATE WELL COMPLETED: 7-8-94 | |

NAME & MAILING ADDRESS OF LANDOWNER
Gary Weatherly
14528 John Clark Rd
Gulfport Ms 39503

WELL LOCATION: SEC 36 TOWNSHIP 6 N (S) RANGE 12 E (W)

DISTANCE ____ Miles DIRECTION ____ of NEAREST TOWN ____

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 1.5

| Pump Capacity (GPM) | No. of Stages | Setting Depth |
|---|---|---|
| | | 140' FT. |

PUMP TEST

Well yielded ____ GPM with a drawdown of ____ ft. after ____ hours of pumping

## WELL DATA

| Well Depth | Casing Diameter (In.) | Casing Length (Ft.) |
|---|---|---|
| 535 | 4 X 2 | |

| Type of Casing | Hole Depth | Depth to Static Water Level |
|---|---|---|
| PVC | | 100' |

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

Top of Lap Pipe or Reduction in Casing FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

## SCREEN DATA

| Diameter - Inches | Length - Feet | Slot Size - Inches |
|---|---|---|
| | | |

| Screen Type | Depth to Bottom - Feet |
|---|---|
| | |

## LOG DATA

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

Name of Organization Running Log

## 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 | FORMATIONS (Continued) | FROM | TO |
|---|---|---|---|---|---|
| | | | | | |

IF MORE SPACE IS NEEDED, USE BACK

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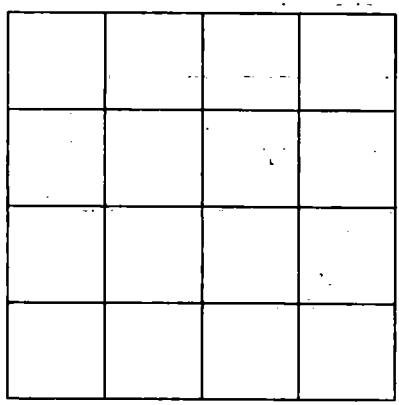
Dept. of Environmental Quality
Office of Land & Water Resources

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.