**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: F 2172 | CODED:

DATE WELL COMPLETED: 4-12-95

PERMIT NUMBER: 0404

NAME OF DRILLING FIRM: Lyman Well Company
Gulfport, Ms 39503

NAME & MAILING ADDRESS OF LANDOWNER:
David Jefferson
18281 Lakeridge
Saucier, Ms 39574

WELL LOCATION: SEC 3 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 ____

| Pump Capacity (GPM) | No. of Stages | Setting Depth |
|---|---|---|
| | | 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.) |
|---|---|---|
| 225' | 4" | |

| Type of Casing | Hole Depth | Depth to Static Water Level |
|---|---|---|
| PVC | | 30' |

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

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

## 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

## SCREEN DATA

| Diameter - Inches | Length - Feet | Slot Size - Inches |
|---|---|---|
| 4" | 20' | |

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

Top of Lap Pipe or Reduction in Casing: FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | FORMATIONS (Continued) | FROM | TO |
|---|---|---|---|---|---|
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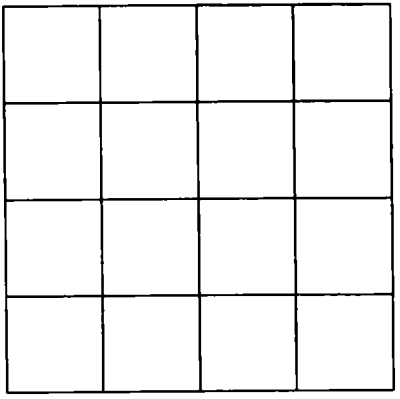
| | | | | | |
| | | | IF MORE SPACE IS NEEDED, USE BACK | | |

If well telescopes please
sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well-location X.

ADDITIONAL INFORMATION

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