**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 / CODED | F 2183 |
| DATE WELL COMPLETED | 7-22-96 |
| PERMIT NUMBER | 0404 |
| NAME OF DRILLING FIRM | LYMAN WELL Co. GULFPORT MS |

NAME & MAILING ADDRESS OF LANDOWNER
JORDAN
20072 BOX COVE
SAUCIER MS 39571

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 1

| Pump Capacity (GPM) | No. of Stages | Setting Depth |
|---|---|---|
| | | 70 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.) |
|---|---|---|
| 240' | 2" | |

| Type of Casing | Hole Depth | Depth to Static Water Level |
|---|---|---|
| PVC | | 48' |

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

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 |
|---|---|---|
| 2" | 10' | |

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

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---|---|---|
| | | |

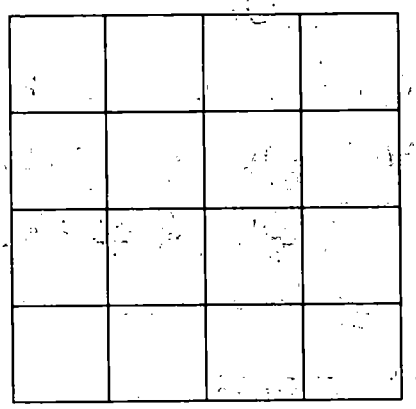
| FORMATIONS CONTINUED | FROM | TO |
|---|---|---|
| | | |

IF MORE SPACE IS NEEDED, USE BACK

RECEIVED
OCT 11 1996
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.