

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 2191	CODED
DATE WELL COMPLETED 9-2-96	

PERMIT NUMBER 0-339
NAME OF DRILLING FIRM McDuff

NAME & MAILING ADDRESS OF LANDOWNER Bill Barrette Mark Dr. Saucier, Ms.			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	2	6	12 (W)
DISTANCE	DIRECTION	NEAREST TOWN	
4 Miles	West of	Saucier	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="radio"/> Home Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, <u>Flowing Well</u> , 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 320'	Casing Diameter (In.) 2	Casing Length (Ft.) 300
Type of Casing PVC	Hole Depth 320	Depth to Static Water Level 80'

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

SCREEN DATA		
Diameter - Inches 2	Length - Feet 20	Slot Size - Inches 0006
Screen Type PVC	Depth to Bottom - Feet 300	

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
mud sand	0	120
sand	120	240
sand	240	300

RECEIVED

DEC 04 1996

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

PE 0
23/10/07

MOBILITY

UP 8.12

GROUND LEVEL

K/A

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

Handwritten notes and data in the additional information section:

- Line 1: 0.1
- Line 2: 0.2
- Line 3: 0.3
- Line 4: 0.4
- Line 5: 0.5
- Line 6: 0.6
- Line 7: 0.7
- Line 8: 0.8
- Line 9: 0.9
- Line 10: 1.0
- Line 11: 1.1
- Line 12: 1.2
- Line 13: 1.3
- Line 14: 1.4
- Line 15: 1.5
- Line 16: 1.6
- Line 17: 1.7
- Line 18: 1.8
- Line 19: 1.9
- Line 20: 2.0
- Line 21: 2.1
- Line 22: 2.2
- Line 23: 2.3
- Line 24: 2.4
- Line 25: 2.5
- Line 26: 2.6
- Line 27: 2.7
- Line 28: 2.8
- Line 29: 2.9
- Line 30: 3.0
- Line 31: 3.1
- Line 32: 3.2
- Line 33: 3.3
- Line 34: 3.4
- Line 35: 3.5
- Line 36: 3.6
- Line 37: 3.7
- Line 38: 3.8
- Line 39: 3.9
- Line 40: 4.0
- Line 41: 4.1
- Line 42: 4.2
- Line 43: 4.3
- Line 44: 4.4
- Line 45: 4.5
- Line 46: 4.6
- Line 47: 4.7
- Line 48: 4.8
- Line 49: 4.9
- Line 50: 5.0

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