

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 G-425 CODED
DATE WELL COMPLETED 7-10-89

PERMIT NUMBER MS-6W-13084
NAME OF DRILLING FIRM Lyman Drilling

NAME & MAILING ADDRESS OF LANDOWNER ORANGE GROVE UTIL.

Latitude:
Longitude:

WELL LOCATION SEC TOWNSHIP RANGE
SEISE 34 06S. N 11 W E W
DISTANCE DIRECTION NEAREST TOWN
Miles of

OTHER LANDMARK

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

WELL DATA

Well Depth 710 Casing Diameter (In.) 8x12 Casing Length (Ft.) 90
Type of Casing 5 Hole Depth 620 Depth to Static Water Level

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

SCREEN DATA

Diameter - Inches 8x12 Length - Feet Slot Size - Inches
Screen Type 5 Depth to Bottom - Feet 710

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 75
DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO
~~0~~ ~~50~~

Top of Lap Pipe or Reduction in Casing

FEET

IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Forrest H. Howard
4-29-03

Signature of Licensed Driller and License No.

Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
PUMP TEST			
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping			

LOG DATA

TYPE OF LOG RUN (Circle One):	No Log Run.
<input checked="" type="radio"/> Electric	Gamma Ray, Density, Sonic, Neutron.
Other (Describe) _____	
Name of Organization Running Log	
4565	

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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