

**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<br><b>Harrison</b> |
| WELL NUMBER CODED<br><b>J 2238</b>     |
| DATE WELL COMPLETED<br><b>5-8-93</b>   |

|  |
|--|
| PERMIT NUMBER<br><b>0-239</b>          |
| NAME OF DRILLING FIRM<br><b>McGill</b> |

|   |           |              |           |
|---|-----------|--------------|-----------|
| NAME & MAILING ADDRESS OF LANDOWNER<br><b>Vest, Deborah</b>   |           |              |           |
| <b>25472 Alpine Rd.</b>   |           |              |           |
| <b>Pass Christian, MS</b>   |           |              |           |
| WELL LOCATION: SEC  | TOWNSHIP  | RANGE        |           |
| <b>35</b>   | <b>7</b>  | <b>N</b>     | <b>13</b> |
|   | <b>S</b>  | <b>E</b>     | <b>W</b>  |
| DISTANCE  | DIRECTION | NEAREST TOWN |           |
| _____ Miles   | _____ of  | _____        |           |
| OTHER LANDMARK  |           |              |           |
| WELL PURPOSE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Irrigation, Municipal, Industrial, Fish Pond, etc. |           |              |           |

|   |                           |                                |
|---|---------------------------|--------------------------------|
| <b>PUMP DATA</b>  |                           |                                |
| PUMP TYPE (Circle One):<br>Submersible, Turbine, <input checked="" type="radio"/> Jet, Flowing Well, Other (Describe) _____ |                           |                                |
| POWER TYPE (Circle One):<br>Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <b>1</b>                |                           |                                |
| Pump Capacity (GPM)<br><b>15</b>  | No. of Stages<br><b>2</b> | Setting Depth<br><b>20</b> FT. |
| PUMP TEST   |                           |                                |
| Well yielded <b>15</b> GPM with a drawdown of _____ ft. after _____ hours of pumping  |                           |                                |

|  |  |   |
|--|--|---|
| <b>WELL DATA</b>   |  |   |
| Well Depth<br><b>85</b>  | Casing Diameter (In.)<br><b>2</b>                    | Casing Length (Ft.)<br><b>75</b>        |
| Type of Casing<br><b>PVC</b>   | Hole Depth<br><b>85</b>                              | Depth to Static Water Level<br><b>5</b> |
| TYPE OF COMPLETION: (Circle One or More):<br><input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____ |  |   |
| Top of Lap Pipe or Reduction in Casing   |  |   |
| FEET   | IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE |   |

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

|                               |                                     |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
| <b>SCREEN DATA</b>            |                                     |                                   |
| Diameter - Inches<br><b>2</b> | Length - Feet<br><b>10</b>          | Slot Size - Inches<br><b>0006</b> |
| Screen Type<br><b>PVC</b>     | Depth to Bottom - Feet<br><b>85</b> |                                   |

|  |               |                |              |
|--|---------------|----------------|--------------|
| <b>GEOLOGIC DATA (Office Use Only)</b> |               |                |              |
| 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 |
|---------------------------------------|-----------|-----------|--|------|----|
| <b>mud / sand</b>                     | <b>0</b>  | <b>20</b> | <b>RECEIVED</b>  |      |    |
| <b>mud</b>                            | <b>20</b> | <b>60</b> |  |      |    |
| <b>sand</b>                           | <b>60</b> | <b>85</b> |  |      |    |
|                                       |           |           | <b>DEC 07 1993</b>   |      |    |
|                                       |           |           | Dept. of Environmental Quality<br>Office of Land & Water Resources |      |    |
|                                       |           |           | 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.