

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 1-22-41	CODED
DATE WELL COMPLETED 5-18-99	

PERMIT NUMBER 0-239
NAME OF DRILLING FIRM McGill

NAME & MAILING ADDRESS OF LANDOWNER Theresa Brooks			
Enchanted Acres #19			
Pass Christian MS			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	25	7	N 13 E
DISTANCE	DIRECTION		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) pump		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) H/P		
Pump Capacity (GPM)	No. of Stages	Setting Depth FT.
NO		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth 400'	Casing Diameter (In.) 2"	Casing Length (Ft.)
Type of Casing PVC	Hole Depth 400'	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development Open Hole, Other		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

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

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches 0006
Screen Type PVC	Depth to Bottom - Feet	

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	20
sand	20	80
sand mud.	80	100
mud	100	340
mud/sand	340	360
sand.	360	400

FORMATIONS (Continued)	FROM	TO
RECEIVED		
DEC 14 1994		
Dept. of Environmental Quality 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

RECEIVED

Office of Rural Water Services
1000 1st St. N.
Grand Rapids, MI 49503

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