

**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	
<b>Harrison</b>	
WELL NUMBER	CODED
<b>J 2250</b>	
DATE WELL COMPLETED	
<b>11-19-94</b>	

PERMIT NUMBER	<b>0404</b>
NAME OF DRILLING FIRM	
<b>Lyman Well Co.</b>	
<b>Gulfport, Ms 39503</b>	

NAME & MAILING ADDRESS OF LANDOWNER			
<b>Rodney Roberts</b>			
<b>Cunningham Road</b>			
<b>Pass Christian, Ms 39571</b>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<b>26</b>	<b>7 N</b>	<b>13 E</b>
DISTANCE	DIRECTION	NEAREST TOWN	
		<b>S</b>	
OTHER LANDMARK			
WELL PURPOSE <u>Home</u> Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <b>1</b>		
Pump Capacity (GPM)	No. of Stages	Setting Depth
		<b>90 FT.</b>
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
<b>400'</b>	<b>2"</b>	<b>390</b>
Type of Casing	Hole Depth	Depth to Static Water Level
<b>PVC</b>		<b>69'</b>

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

TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____			
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix			

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
<b>2"</b>	<b>10'</b>	
Screen Type	Depth to Bottom - Feet	
<b>PVC</b>	<b>400</b>	

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

FORMATIONS (Continued)	FROM	TO
<b>RECEIVED</b>		
<b>JAN 26 1995</b>		
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

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REGISTERED

OFFICIAL

OFFICE OF THE STATE ENGINEER

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