

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 2267	CODED
DATE WELL COMPLETED 9/8/94	

PERMIT NUMBER 0239
NAME OF DRILLING FIRM McGill

NAME & MAILING ADDRESS OF LANDOWNER Bill Harrette			
Serenity Acres			
Pass Chr.			
WELL LOCATION	SEC	TOWNSHIP	RANGE 13
	27	7	N E W
DISTANCE	DIRECTION	NEAREST TOWN	
_____ Miles	_____ of	_____	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) Hand Pump		
Pump Capacity (GPM)	Np. of Stages	Setting Depth _____ FT.
NO PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA

Well Depth 400	Casing Diameter (In) 2	Casing Length (Ft) 20
Type of Casing PUC	Hole Depth 400	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 10	Slot Size - Inches 006
Screen Type PUC	Depth to Bottom - Feet 390	

LOG DATA

TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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
SAND	340	400

FORMATIONS (Continued)	FROM	TO
RECEIVED		
MAR 30 1995		
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

001101

001101

001101

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