

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 <i>Harrison</i>	
WELL NUMBER <i>R 2164</i>	CODED
DATE WELL COMPLETED <i>1-14-94</i>	

PERMIT NUMBER <i>0404</i>
NAME OF DRILLING FIRM <i>Hyman Well Co.</i>
<i>Geelfort ms.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Lanier Lang</i>			
<i>3608 Belande</i>			
<i>Geelfort ms 39503</i>			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	<i>14</i>	<i>7 N</i>	<i>12 E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
_____ Miles	_____ of	_____	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.			

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

WELL DATA		
Well Depth <i>220'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.)
Type of Casing <i>PVC</i>	Hole Depth	Depth to Static Water Level <i>35'</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

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

SCREEN DATA		
Diameter - Inches <i>4"</i>	Length - Feet <i>10'</i>	Slot Size - Inches
Screen Type <i>PVC</i>	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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
RECEIVED					
MAR 21 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

REVISIONS

APR 12 1962

WATER RESOURCES DIVISION
U.S. GEOLOGICAL SURVEY

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