# MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

P.O. Box 10631
Jackson, Mississippi 39209

## WATER WELL DRILLERS LOG

| | |
|---|---|
| COUNTY WELL LOCATED: Harrison | |
| WELL NUMBER: 2141 | CODED: |
| DATE WELL COMPLETED: 10-31-88 | |
| PERMIT NUMBER: D-493 | |
| NAME OF DRILLING FIRM: Bobby Beech's Well Works | |

NAME & MAILING ADDRESS OF LANDOWNER
Fruto Perez Jr.
19089 9th Street
Gulfport MS. 39503

WELL LOCATION: SEC 17 TOWNSHIP 7 N/S RANGE 11 E/W

DISTANCE ____ Miles DIRECTION ____ of 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) ____

POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) ____

| Pump Capacity (GPM) | No. of Stages | Setting Depth |
|---|---|---|
| 12 | 2 | 55 FT. |

PUMP TEST

Well yielded ____ GPM with a drawdown of ____ ft. after ____ hours of pumping

### WELL DATA

| Well Depth | Casing Diameter (In.) | Casing Length (Ft.) |
|---|---|---|
| 339 | 5" | 20 |

| Type of Casing | Hole Depth | Depth to Static Water Level |
|---|---|---|
| PVC | 339 | 31 |

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

### SCREEN DATA

| Diameter - Inches | Length - Feet | Slot Size - Inches |
|---|---|---|
| 5" | 20 | #8 |

| Screen Type | Depth to Bottom - Feet |
|---|---|
| Johnson Screen | 339 |

### LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) ____

Name of Organization Running Log: Bobby Beech's Well Works

### GEOLOGIC DATA (Office Use Only)

| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
|---|---|---|---|
| Subs. SWL | Date | Analysis | Aquifer Test |

Driller's Remarks: Fine Well

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---|---|---|
| | | |

| FORMATIONS (Continued) | FROM | TO |
|---|---|---|
| | | |

IF MORE SPACE IS NEEDED, USE BACK

RECEIVED
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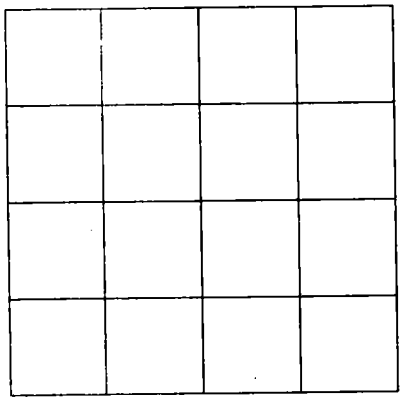
If well telescopes please
sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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