

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 **L-2189** COVERED

DATE WELL COMPLETED
3-21-95

PERMIT NUMBER
0404

NAME OF DRILLING FIRM
LYMAN WELL Co.

Gulfport, MS

NAME & MAILING ADDRESS OF LANDOWNER
KATRINA Crawford

10304 NEW HOPE RD.

GULFPORT, MS 39503

WELL LOCATION SEC **18** TOWNSHIP **7** RANGE **11** (S) (E)

DISTANCE _____ MILES _____ of _____

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) _____

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P **1**

| | | |
|---------------------|---------------|---------------|
| 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 445' | Casing Diameter (In.) 2" | Casing Length (Ft.) |
| Type of Casing PVC | Hole Depth | Depth to Static Water Level 42' |

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): **No Log Run**,
Electric, Gamma Ray, Density, Sonic, Neutron,
Other (Describe) _____

Name of Organization Running Log _____

SCREEN DATA

| | | |
|--------------------------------|-----------------------------|--------------------|
| Diameter - Inches 2" | Length - Feet 10' | Slot Size - Inches |
| 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 | FORMATIONS (Continued) | | |
|---------------------------------------|------|----|------------------------|----|--|
| | | | FROM | TO | |
| | | | | | |
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RECEIVED

APR 10 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

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

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