

**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<br><b>HARRISON</b> |       |
| WELL NUMBER<br><b>Φ 2268</b>           | CODED |
| DATE WELL COMPLETED<br><b>4-9-96</b>   |       |

|  |
|--|
| PERMIT NUMBER<br><b>0404</b>                   |
| NAME OF DRILLING FIRM<br><b>LYMAN WELL Co.</b> |
| <b>Gulfport, MS</b>                            |

|  |           |              |           |
|--|-----------|--------------|-----------|
| NAME & MAILING ADDRESS OF LANDOWNER<br><b>DR. JIM GADDY</b>                  |           |              |           |
| <b>18062 COMMISSION RD</b>   |           |              |           |
| <b>LONG BEACH MS 39560</b>   |           |              |           |
| WELL LOCATION  | SEC       | TOWNSHIP     | RANGE     |
|  | <b>11</b> | <b>8</b>     | <b>12</b> |
|  |           | <b>N</b>     | <b>E</b>  |
| DISTANCE   | DIRECTION | NEAREST TOWN |           |
|  |           |              |           |
| OTHER LANDMARK   |           |              |           |
| WELL PURPOSE: <u>Home</u> Irrigation, Municipal, Industrial, Fish Pond, etc. |           |              |           |

|  |               |                                 |
|--|---------------|---------------------------------|
| <b>PUMP DATA</b>   |               |                                 |
| PUMP TYPE (Circle One):<br><u>Submersible</u> Turbine, Jet, Flowing Well,<br>Other (Describe) _____                      |               |                                 |
| POWER TYPE (Circle One):<br><u>Electric</u> , Tractor, Diesel, Gasoline, Butane,<br>Other (Describe) _____ <b>H/P 12</b> |               |                                 |
| Pump Capacity (GPM)<br><b>27</b>   | No. of Stages | Setting Depth<br><b>120</b> FT. |
| PUMP TEST  |               |                                 |
| Well yielded _____ GPM with<br>a drawdown of _____ ft.<br>after _____ hours of pumping                                   |               |                                 |

|   |                                       |   |
|---|---------------------------------------|---|
| <b>WELL DATA</b>  |                                       |   |
| Well Depth<br><b>715</b>  | Casing Diameter (In.)<br><b>4 X 2</b> | Casing Length (Ft.)                       |
| Type of Casing<br><b>PVC</b>  | Hole Depth                            | Depth to Static Water Level<br><b>35'</b> |
| TYPE OF COMPLETION: (Circle One or More):<br><u>Gravel Packed</u> , Underreamed, Telescoped,<br><u>Natural Development</u> , Open Hole, Other |                                       |   |
| WELL GROUTED TO A DEPTH OF _____ FEET<br>Type Grout (circle one): Cement, Bentonite, or Mix   |                                       |   |

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

|                                |                             |                    |
|--------------------------------|-----------------------------|--------------------|
| <b>SCREEN DATA</b>             |                             |                    |
| Diameter - Inches<br><b>2"</b> | Length - Feet<br><b>20'</b> | Slot Size - Inches |
| Screen Type<br><b>PVC</b>      | Depth to Bottom - Feet      |                    |

|   |               |                |              |
|---|---------------|----------------|--------------|
| <b>GEOLOGIC DATA (Office Use Only)</b>                    |               |                |              |
| 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 |
|---------------------------------------|------|----|--|------|----|
|                                       |      |    | <b>RECEIVED</b>  |      |    |
|                                       |      |    | <b>MAY 30 1996</b>   |      |    |
|                                       |      |    | Dept. of Environmental Quality<br>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

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