

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 <b>HINDS</b>	
WELL NUMBER <b>L-0084</b>	CODED
DATE WELL COMPLETED <b>7/31/42</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>The Pure Oil Co. # 98</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Hinds (#13 Gaddis Farms)</b>			
Latitude: Longitude:			
WELL LOCATION	SEC <b>34</b>	TOWNSHIP <b>S 2</b>	RANGE <b>N 2 E</b>
DISTANCE Miles	DIRECTION	NEAREST TOWN	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <b>Test holes</b>			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) <b>H/P</b>		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO

WELL DATA			
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)	
Type of Casing	Hole Depth <b>670</b>	Depth to Static Water Level	
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)			
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix			

SCREEN DATA			
Diameter - Inches	Length - Feet	Slot Size - Inches	
Screen Type		Depth to Bottom - Feet	

Top of Lap Pipe or Reduction in Casing	FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Signature of Licensed Driller and License No. \_\_\_\_\_ Date \_\_\_\_\_

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL


SECTION \_\_\_\_\_

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
		FT.

PUMP TEST

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

**LOG DATA**

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

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

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