

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	Leake
WELL NUMBER	C 2047
CODED	
DATE WELL COMPLETED	3-21-96

PERMIT NUMBER	
NAME OF DRILLING FIRM	THOMAS DRILLING

NAME & MAILING ADDRESS OF LANDOWNER			
Faye BRADFORD			
Hwy 35A - Rt - 7			
CARTHAGE MS 39051			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	3	12 ^N _S	8 ^W
DISTANCE	DIRECTION	NEAREST TOWN	
3/4 Miles	N	Hopoca	
OTHER LANDMARK			
1/4 W Cobb Creek			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			
Chicken Houses			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P <u>1</u>		
Pump Capacity (GPM)	No. of Stages	Setting Depth
19	8	80' FT.
PUMP TEST		
Well yielded <u>26</u> GPM with		
a drawdown of <u>12</u> ft.		
after <u>1</u> hours of pumping		

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
117'	4"	107'
Type of Casing	Hole Depth	Depth to Static Water Level
PVC	117'	21'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
4"	10'	.010
Screen Type	Depth to Bottom - Feet	
PVC wrapped	117	

LOG DATA	
TYPE OF LOG RUN (Circle One): <input checked="" type="checkbox"/> No Log Run, <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input type="checkbox"/> 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			
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
Clay	0	7		
Mixed Clay	7	14		
White Sand	14	117		

RECEIVED

MAY 05 1997

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK