

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 <i>Lenedon</i>		PERMIT NUMBER
WELL NUMBER 3	CODED 2030	
NAME OF DRILLING FIRM <i>Fresh Water Well Supply Inc.</i>		
DATE WELL COMPLETED 4-16-87		

NAME & MAILING ADDRESS OF LANDOWNER <i>Dwayne Case</i>		
<i>Rt 1 Bt 245</i>		
<i>Meson, ms.</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>17</i>	<i>08 S</i>	<i>6 W</i>
DISTANCE <i>10</i> Miles	DIRECTION <i>NW</i>	NEAREST TOWN <i>Brookhaven</i>
OTHER LANDMARK		
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>Home</i>		

WELL DATA		
Well Depth 158	Casing Diameter (In.) 4	Casing Length (Ft.) 148
Type of Casing PVC	Hole Depth 165	Depth to Static Water Level 109
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		
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
Screen Type		Depth to Bottom - Feet

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) _____		
Pump Capacity (GPM) 70	No. of Stages 13	Setting Depth 140 FT.
PUMP TEST Well yielded 7 GPM with a drawdown of 0 ft. after 10 min. hours of pumping		

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			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATION'S (continued) FROM
<i>Cetronelle</i>	1	165	
IF MORE SPACE IS NEEDED, USE BACK			

RECEIVED

SEP 10 1987

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If well telescopes please
sketch and show depths.

GROUND LEVEL

	X		

SECTION 17

Please indicate well location X.

ADDITIONAL INFORMATION

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