# 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: Lincoln | |
| WELL NUMBER: F 2/05 | CODED: |
| DATE WELL COMPLETED: 11-4-97 | |
| PERMIT NUMBER: 510 | |
| NAME OF DRILLING FIRM: Easley Water Well B'haven, MS 39601 | |

NAME & MAILING ADDRESS OF LANDOWNER: Mr. Kimble

WELL LOCATION: SEC 3 TOWNSHIP 7 (N) S RANGE 6 (E) W

DISTANCE _____ Miles DIRECTION _____ of 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) _____

| 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 | Casing Diameter (In.) | Casing Length (Ft.) |
|---|---|---|
| 160' | 4" | 140' |

| Type of Casing | Hole Depth | Depth to Static Water Level |
|---|---|---|
| PVC | 160' | |

TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, (Natural Development), Open Hole, Other (Describe) _____

Top of Lap Pipe or Reduction in Casing FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

## 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

07-14-98A09:49 RCVD

## SCREEN DATA

| Diameter - Inches | Length - Feet | Slot Size - Inches |
|---|---|---|
| 4" | 20' | 010" |

| Screen Type | Depth to Bottom - Feet |
|---|---|
| PVC | 160' |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | FORMATIONS (Continued) | FROM | TO |
|---|---|---|---|---|---|
| Clay | 0 | 20 | | | |
| Gravel | 20 | 60 | | | |
| Clay | 60 | 140 | | | |
| Sand | 140 | 160 | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | IF MORE SPACE IS NEEDED, USE BACK | | |

If well telescopes please
sketch and show depths.

GROUND LEVEL

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

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION