

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>Leflore</i>	
WELL NUMBER <i>G 252</i>	CODED
DATE WELL COMPLETED <i>4-4-89</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Brenn Water Well & Supply Inc.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Sonya K. Smith</i>		
<i>Route 1, Box 179A</i>		
<i>Tilerson, Inc.</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>22</i>	<i>7 N</i>	<i>7 E</i>
DISTANCE	DIRECTION	NEAREST TOWN
<i>3</i> Miles	<i>west</i>	<i>Brookhaven</i>
OTHER LANDMARK		
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.		

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)	No. of Stages	Setting Depth
<i>10</i>	<i>10</i>	<i>66</i> FT.
PUMP TEST		
Well yielded _____ <i>14</i> _____ GPM with a drawdown of _____ <i>0</i> _____ ft. after _____ <i>2</i> _____ hours of pumping		

WELL DATA		
Well Depth <i>67'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>57'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>70'</i>	Depth to Static Water Level <i>50'</i>
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) _____		
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): <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input checked="" type="checkbox"/> No Log Run, <input type="checkbox"/> Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <i>4</i>	Length - Feet <i>10</i>	Slot Size - Inches <i>.010</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>67</i>	

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	FORMATIONS (continued) FROM	TO
<i>Citronelle</i>	<i>0</i>	<i>70</i>		

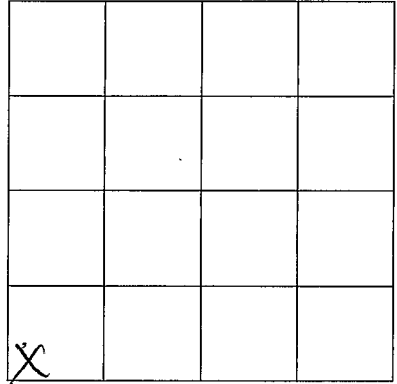
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IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL



SECTION

22

Please indicate well location X.

ADDITIONAL INFORMATION

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