

**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 <u>Lincoln</u>	
WELL NUMBER <u>342212</u>	CODED
<b>G-449</b>	
DATE WELL COMPLETED <u>8-21-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Easley Waterwell</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>LARRY Easley</u> <u>760 Easley Ln B'haven MS 39601</u>			
Latitude: Longitude:			
WELL LOCATION.	SEC	TOWNSHIP	RANGE
	<u>28</u>	<u>7N</u>	<u>N 7 E W</u>
DISTANCE	DIRECTION	NEAREST TOWN	
_____ Miles	_____ of _____		
OTHER LANDMARK			
WELL PURPOSE ( <u>Home</u> , Irrigation, Municipal, Industrial, Fish Pond, etc.)			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> , Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1/2</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	0	10
<u>Sand</u>	10	60
<u>Clay</u>	60	160
<u>Sand</u>	160	180
<u>Clay</u>	180	220
<b>RECEIVED</b>		
<b>FEB 11 2004</b>		
<b>BY: OLIVER</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>180'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>160'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>200'</u>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <u>Natural Development</u> , Gravel Packed, Underreamed, Telescoped, Open Hole, Other		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>20'</u>	Slot Size - Inches <u>008"</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>180'</u>	

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.

Larry Easley 510  
Signature of Licensed Driller and License No.

8-21-03  
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.
PUMPTEST			
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

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