

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 CT 2104	CODED
DATE WELL COMPLETED 9-25-98	

PERMIT NUMBER 510
NAME OF DRILLING FIRM Sasley Waterwell
Brookhaven, MS 39601

NAME & MAILING ADDRESS OF LANDOWNER Royer Mobile Home			
WELL LOCATION: SEC <u>23</u> TOWNSHIP <u>7</u> RANGE <u>7</u>			
DISTANCE _____ MILES _____ OF _____			
DIRECTION _____ NEAREST TOWN _____			
OTHER LANDMARK _____			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> 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 50'	Casing Diameter (In.) 4"	Casing Length (Ft.) 30'
Type of Casing PVC	Hole Depth 50'	Depth to Static Water Level
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"/> 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 _____	

SCREEN DATA		
Diameter - Inches 4"	Length - Feet 20'	Slot Size - Inches 012
Screen Type PVC	Depth to Bottom - Feet	

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
Clay	0	20
Gravel	20	30
Sand	30	50

FORMATIONS (Continued)	FROM	TO
RECEIVED		
JUN 22 1999		
Dept. of Environmental Quality Office of Land & Water Resources		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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