

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 Lincoln | |
| WELL NUMBER 319517 | CODED |
| H-2136 | |
| DATE WELL COMPLETED 8-4-00 | |

| |
|--|
| PERMIT NUMBER 510 |
| NAME OF DRILLING FIRM Easley Waterwell |
| Brookhaven MS 39601 |

| | | |
|--|----------------|--------------|
| NAME & MAILING ADDRESS OF LANDOWNER Richard Price | | |
| 913 Crooked Lane | | |
| Brookhaven MS 39601 | | |
| WELL LOCATION: SEC | TOWNSHIP | RANGE |
| 30 | 9 | 8 |
| DISTANCE | DIRECTION | NEAREST TOWN |
| _____ Miles | _____ of _____ | |
| 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) _____ H/P _____ | | |
| 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 137' | Casing Diameter (In.) 4" | Casing Length (Ft.) 117' |
| Type of Casing PVC | Hole Depth | Depth to Static Water Level |

| | |
|--|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input checked="" 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 | |

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

| | | | |
|--|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |

WELL GROUTED TO A DEPTH OF **10** FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

| | |
|--|--|
| Driller's Remarks | |
| Top of Lap Pipe or Reduction in Casing | |
| FEET | |
| IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE | |

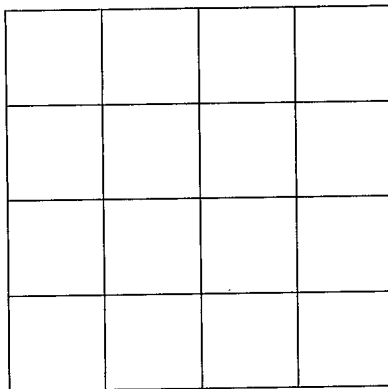
| | | |
|--------------------------------|-----------------------------|-----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches 4" | Length - Feet 20' | Slot Size - Inches 0-10 |
| Screen Type PVC | Depth to Bottom - Feet | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | FORMATIONS (Continued) | |
|---------------------------------------|------------|------------|------------------------|----|
| | | | FROM | TO |
| Clay | 0 | 20 | | |
| Sand | 20 | 50 | | |
| Sand | 50 | 117 | | |
| Sand | 117 | 137 | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

RECD JUN 13 2001

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.