

**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 <u>821415</u>	CODED
<u>H-2145</u>	
DATE WELL COMPLETED <u>10-8-01</u>	

PERMIT NUMBER
510

NAME OF DRILLING FIRM
Easley Waterwell

900 Denton Tel

NAME & MAILING ADDRESS OF LANDOWNER
Simmie Smith

900 Williams St B'haven MS

Latitude: 39.601

Longitude: _____

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>12</u>	<u>7</u>	<u>8</u>

DISTANCE _____ MILES _____ OF _____

DIRECTION (E) NEAREST TOWN (W)

OTHER LANDMARK _____

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
Submersible Turbine, Jet, or Flowing Well,
Other (Describe) _____

POWER TYPE (Circle One):
Electric Tractor, Diesel, Gasoline, or Butane,
Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	20
Sand & Gravel	20	80
Clay	80	110
Sand	110	130
Clay	130	160

RECEIVED

JUN 11 2002

Dept. of Environmental Quality
Office of Land & Water Resources

Top of Lap Pipe or Reduction in Casing _____ FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>130</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>110</u>
Type of Casing <u>PVC</u>	Hole Depth <u>160</u>	Depth to Static Water Level _____

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

WELL GROUTED TO A DEPTH OF _____ 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>0.10</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>130</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.

H. J. Easley 510
Signature of Licensed Driller and License No.

10-8-01
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.
PUMP TEST		
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

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