

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 236177	CODED
K 4748	
DATE WELL COMPLETED 3-11-97	

PERMIT NUMBER 510
NAME OF DRILLING FIRM Easley Water Wells
Brookhaven, MS 39601

NAME & MAILING ADDRESS OF LANDOWNER Pleasant Grove Baptist Church			
Highway 84 West			
Brookhaven, MS 39601			
WELL LOCATION:	SEC 4	TOWNSHIP 60^N	RANGE 6^E
DISTANCE	DIRECTION	NEAREST TOWN	
_____ Miles	_____ of _____		
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> 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 _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth 180'	Casing Diameter (In.) 4"	Casing Length (Ft.) 160'
Type of Casing PVC	Hole Depth 200'	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 checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other		
Top of Lap Pipe or Reduction in Casing FEET <input type="checkbox"/> 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 10
Screen Type PVC	Depth to Bottom - Feet 180'	

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
Silt-Sand, Clay	20	60
Clay	60	160
Sand	160	180
Clay	180	200

FORMATIONS (Continued)	FROM	TO
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 19 1997 </div>		
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.