

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 <i>Lincoln</i> | |
| WELL NUMBER <i>L 2164</i> | CODED |
| DATE WELL COMPLETED <i>5-9-97</i> | |

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|---|
| PERMIT NUMBER Grann Water Well & Supply |
| NAME OF DRILLING FIRM 1315 Pricedale Dr. SE |
| Bogue Chitto, MS 39629 |

| | | |
|---|-------------|------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Gerald Case</i> | | |
| <i>840 Auburn Dr.</i> | | |
| <i>Bogue Chitto MS 39629</i> | | |
| WELL LOCATION: SEC | TOWNSHIP | RANGE |
| <i>32</i> | <i>6</i> | <i>7</i> |
| | <i>N</i> | <i>E</i> |
| | <i>S</i> | <i>W</i> |
| DISTANCE | DIRECTION | NEAREST TOWN |
| <i>3</i> Miles | <i>West</i> | of <i>Bogue Chitto</i> |
| 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 <i>1/2</i> | | |
| Pump Capacity (GPM) <i>10</i> | No. of Stages <i>9</i> | Setting Depth <i>78</i> FT. |
| PUMP TEST | | |
| Well yielded <i>10</i> GPM with a drawdown of <i>0</i> ft. after <i>1</i> hours of pumping | | |

| | | |
|--|-----------------------------------|--|
| WELL DATA | | |
| Well Depth <i>108</i> | Casing Diameter (In.) <i>4</i> | Casing Length (Ft.) <i>98</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>116</i> | Depth to Static Water Level <i>50</i> |
| 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) _____ | | |
| WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): Cement, Bentonite, or <input checked="" type="checkbox"/> Mix | | |

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|---|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input checked="" type="checkbox"/> No Log Run, <input type="checkbox"/> Neutron, Other (Describe) _____ | |
| Name of Organization Running Log | |

| | | |
|-------------------------------|--------------------------------------|-----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <i>4</i> | Length - Feet <i>10</i> | Slot Size - Inches <i>.010</i> |
| Screen Type <i>PVC</i> | Depth to Bottom - Feet <i>108</i> | |

| | | | |
|--|---------------|--|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |
| Driller's Remarks | | | |
| Top of Lap Pipe or Reduction in Casing | | | |
| FEET | | IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| <i>Red Clay</i> | <i>0</i> | <i>17</i> |
| <i>Sand & Gravel</i> | <i>17</i> | <i>108</i> |
| <i>White Clay</i> | <i>108</i> | <i>116</i> |
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| FORMATIONS (Continued) | FROM | TO |
|--|------|----|
| RECEIVED | | |
| DEC 19 1997 | | |
| 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

| | | | |
|---|--|--|--|
| | | | |
| | | | |
| | | | |
| X | | | |
| | | | |

SECTION 32

Please indicate well location X.

ADDITIONAL INFORMATION

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