

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 <i>Lincoln</i> | |
| WELL NUMBER <i>298847</i> | CODED |
| <i>2057</i> | |
| DATE WELL COMPLETED <i>12-12-95</i> | |

| |
|--|
| PERMIT NUMBER <i>510</i> |
| NAME OF DRILLING FIRM <i>Easley Water Wells</i> |
| <i>Brookhaven, MS 39601</i> |

| | | |
|--|----------------|--------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Mr. Allred</i> | | |
| | | |
| WELL LOCATION: SEC <i>24</i> TOWNSHIP <i>5 N</i> RANGE <i>6 E</i> | | |
| DISTANCE | DIRECTION | NEAREST TOWN |
| _____ Miles | _____ of _____ | _____ |
| 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 | | |

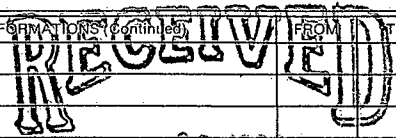
| | | |
|---|------------------------------------|----------------------------------|
| WELL DATA | | |
| Well Depth <i>110'</i> | Casing Diameter (In.) <i>4"</i> | Casing Length (Ft.) <i>90</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>110</i> | Depth to Static Water Level |
| TYPE OF COMPLETION: (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 (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): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ | |
| Name of Organization Running Log | |

| | | |
|--------------------------------|--------------------------------------|---------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <i>4"</i> | Length - Feet <i>20</i> | Slot Size - Inches <i>10</i> |
| Screen Type <i>PVC</i> | Depth to Bottom - Feet <i>110</i> | |

| | | | |
|--|---------------|----------------|--------------|
| 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 |
|---------------------------------------|-----------|------------|
| <i>Clay</i> | <i>0</i> | <i>20</i> |
| <i>Gravelly</i> | <i>20</i> | <i>90</i> |
| <i>Sand</i> | <i>90</i> | <i>110</i> |
| | | |
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| FORMATIONS (continued) FROM TO  JUL 02 1996 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.