

**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 <b>Marion</b>	
WELL NUMBER <b>F2063</b>	CODED
DATE WELL COMPLETED <b>10-12-94</b>	

PERMIT NUMBER <b>0-586</b>
NAME OF DRILLING FIRM <b>James Wells Water Well Ser.</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Jerry Powell</b>		
<b>347 Whistle Rd.</b>		
<b>Foxworth, Miss. 39483</b>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<b>28</b>	<b>4</b>	<b>13</b>
DISTANCE DIRECTION NEAREST TOWN <b>5</b> Miles <b>North</b> <b>Foxworth</b>		
OTHER LANDMARK		
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.		

<b>PUMP DATA</b>		
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 <b>1</b>		
Pump Capacity (GPM)	No. of Stages	Setting Depth
		FT.
PUMP TEST		
Well yielded _____		<b>15</b> GPM with
a drawdown of _____		ft.
after _____		hours of pumping

<b>WELL DATA</b>		
Well Depth <b>60 FT</b>	Casing Diameter (In.) <b>4 in</b>	Casing Length (Ft.) <b>50</b>
Type of Casing <b>PVC</b>	Hole Depth <b>60 FT</b>	Depth to Static Water Level <b>30</b>
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 <b>15</b> FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

<b>LOG DATA</b>	
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	

<b>SCREEN DATA</b>		
Diameter - Inches <b>4 in</b>	Length - Feet <b>10</b>	Slot Size - Inches <b>.010</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>510T 50-60</b>	

<b>GEOLOGIC DATA (Office Use Only)</b>			
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
<b>Top Soil</b>	<b>0</b>	<b>5</b>
<b>Clay</b>	<b>5</b>	<b>25</b>
<b>Sand</b>	<b>25</b>	<b>40</b>
<b>Red Gravel</b>	<b>40</b>	<b>60</b>

FORMATIONS (Continued):	FROM	TO
<b>RECEIVED</b>		
<b>FEB 07 1996</b>		
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.