

MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

COUNTY WELL LOCATED <i>Marshall</i>	
WELL NUMBER <i>J 2123</i>	CODED
DATE WELL COMPLETED <i>9-27-90</i>	

PERMIT NUMBER HICKS WELL CO.
NAME OF DRILLING FIRM RT. 1 BOX 157 SENATOBIA, MS 38668

P.O. Box 10631
Jackson, Mississippi 39209
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER <i>Eli STANBACH</i>		
<i>RT. 3</i>		
<i>Byhalia, MS</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>19</i>	<i>3</i>	<i>N 4 W</i>
DISTANCE	DIRECTION	NEAREST TOWN
<i>3</i> Miles	<i>N/E</i>	<i>Waterford</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)	No. of Stages	Setting Depth
<i>10</i>	<i>9</i>	<i>130</i> FT.
PUMP TEST		
Well yielded <i>10</i> GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>150</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>140</i>
Type of Casing <i>PVC</i>	Hole Depth <i>150</i>	Depth to Static Water Level <i>110</i>
TYPE OF COMPLETION: (Circle One or More): <input 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) _____		
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 <i>4'</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>013</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>013</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	FORMATIONS (Continued)	FROM	TO
<i>RC</i>	<i>0</i>	<i>10</i>	RECEIVED <i>NOV 16 1990</i> Department of Natural Resources Bureau of Land & Water Resources		
<i>RC & S</i>	<i>10</i>	<i>80</i>			
<i>WC & S</i>	<i>80</i>	<i>120</i>			
<i>WS</i>	<i>120</i>	<i>150</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

			X

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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