

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>Panola</i> | |
| WELL NUMBER <i>5 2019</i> | CODED |
| DATE WELL COMPLETED <i>9-17-86</i> | |

| |
|---|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <i>7 Birds Well Co</i> |

| | | | |
|--|-----------|----------------|------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Bill Powers</i> | | | |
| <i>Rt # 1</i> | | | |
| <i>Camd, MS 39619</i> | | | |
| WELL LOCATION: | SEC | TOWNSHIP | RANGE |
| | <i>16</i> | <i>7 S</i> | <i>5 W</i> |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| <i>12</i> Miles | <i>E</i> | of <i>Camd</i> | |
| 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, <input type="checkbox"/> 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, <input type="checkbox"/> Other (Describe) _____ | | |
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| <i>10</i> | <i>7</i> | <i>120</i> FT. |
| PUMP TEST | | |
| Well yielded _____ <i>10</i> GPM with a drawdown of _____ ft. after _____ hours of pumping | | |

| WELL DATA | | |
|--|------------------------------------|---|
| Well Depth <i>160'</i> | Casing Diameter (In.) <i>4"</i> | Casing Length (Ft.) <i>150'</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>160'</i> | Depth to Static Water Level <i>80'</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 | | |
| 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, <input type="checkbox"/> 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>10"</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>Red clay</i> | <i>0</i> | <i>10</i> | | | |
| <i>Red sand</i> | <i>10</i> | <i>30</i> | | | |
| <i>Black clay</i> | <i>30</i> | <i>120</i> | | | |
| <i>White sand</i> | <i>120</i> | <i>160</i> | | | |
| <div style="font-size: 2em; font-weight: bold; opacity: 0.5; transform: rotate(-2deg); display: inline-block;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">OCT 29 1986</div> <div style="font-weight: bold;">Department of Natural Resources Bureau of Land & Water Resources</div> | | | | | |
| IF MORE SPACE IS NEEDED, USE BACK | | | | | |

If well telescopes please sketch and show depths.

GROUND LEVEL

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

SECTION 16

Please indicate well location X.

ADDITIONAL INFORMATION

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