

# 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>Pipe</i>	
WELL NUMBER <i>D</i>	CODED
DATE WELL COMPLETED <i>2019</i> <i>5-29-19</i>	

PERMIT NUMBER <i>0887</i>
NAME OF DRILLING FIRM <i>ROGUES</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>May Easterling</i>			
WELL LOCATION: SEC <i>23</i> TOWNSHIP <i>3</i> RANGE <i>N 7 E</i>			
DISTANCE <i>1</i> Miles	DIRECTION <i>South</i>	NEAREST TOWN <i>M.S. Corde</i>	
OTHER LANDMARK <i>near 55 Hwy</i>			
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 _____		
Pump Capacity (GPM) <i>10</i>	No. of Stages <i>9</i>	Setting Depth <i>110</i> FT.
PUMP TEST		
Well yielded <i>10</i> GPM with a drawdown of <i>12'</i> ft. after <i>1</i> hours of pumping		

WELL DATA		
Well Depth <i>117'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>107'</i>
Type of Casing <i>P.V.C</i>	Hole Depth <i>117'</i>	Depth to Static Water Level <i>70</i>
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): <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>0.12"</i>
Screen Type <i>P.V.C</i>	Depth to Bottom - Feet <i>117'</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>TOP Clay</i>	<i>0</i>	<i>21</i>	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>RECEIVED</b>  <b>JUL 01 1991</b> </div>		
<i>yellow sand &amp; clay</i>	<i>21</i>	<i>90</i>			
<i>brown gravel</i>	<i>90</i>	<i>103</i>			
<i>pea gravel &amp; sand</i>	<i>103</i>	<i>117</i>			
			Dept. of Environmental Quality Bureau of Land & Water Resources		
IF MORE SPACE IS NEEDED, USE BACK					

If well telescopes please  
sketch and show depths.

GROUND LEVEL

		X	

SECTION 23

Please indicate well location X.

ADDITIONAL INFORMATION

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