

**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>Pike</b>	
WELL NUMBER <b>E 2114</b>	CODED
DATE WELL COMPLETED <b>12-7-98</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Fitzgerald well</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>James Thurman</b>		
<b>Gibson Rd.</b>		
WELL LOCATION: SEC <b>22</b> TOWNSHIP <b>3</b> RANGE <b>8</b>		
DISTANCE <b>5</b> Miles <b>East</b> of <b>McComb</b>		
WELL PURPOSE: <input checked="" type="radio"/> Home, Irrigation, Municipal, Industrial, Fish Pond, etc.		

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <b>3/4</b>		
Pump Capacity (GPM) <b>12</b>	No. of Stages <b>12</b>	Setting Depth <b>150</b> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>155</b>	Casing Diameter (In.) <b>4"</b>	Casing Length (Ft.) <b>145"</b>
Type of Casing <b>PVC</b>	Hole Depth <b>155</b>	Depth to Static Water Level <b>110"</b>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

WELL GROUTED TO A DEPTH OF <b>10</b> FEET Type Grout (circle one): Cement, Bentonite, or <b>Mix</b>
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<b>GEOLOGIC DATA (Office Use Only)</b>			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

<b>SCREEN DATA</b>		
Diameter - Inches <b>4"</b>	Length - Feet <b>10</b>	Slot Size - Inches <b>.010</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>155"</b>	

Driller's Remarks
Top of Lap Pipe or Reduction in Casing <b>FEET</b> IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
Top soil	0	5	<b>RECEIVED</b> <b>JAN 13 1999</b> <b>Dept. of Environmental Quality</b> <b>Office of Land &amp; Water Resources</b>		
clay	5	40			
gravel	40	100			
clay	100	120			
sand	120	140			
course sand	140	155			
			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.