

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 <i>Pike</i> | |
| WELL NUMBER <i>G 2066</i> | CODED |
| DATE WELL COMPLETED <i>6-27-97</i> | |

| |
|----------------------------------------------------|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <i>Prater Gerald Well</i> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Roscoe Carter. RR Magnolia.</i> | | | |
| WELL LOCATION: SEC | TOWNSHIP | RANGE | |
| <i>2</i> | <i>2</i> | <i>7</i> | N S E W |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| <i>3</i> Miles | <i>N</i> | of <i>Magnolia</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, 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>812</i> | <i>9</i> | <i>60</i> | FT. |
| PUMP TEST | | | |
| Well yielded <i>50</i> GPM with a drawdown of <i>1</i> ft. after <i>1</i> hours of pumping | | | |

| | | |
|------------------------------|------------------------------------|-------------------------------------------|
| WELL DATA | | |
| Well Depth <i>68"</i> | Casing Diameter (In.) <i>4"</i> | Casing Length (Ft.) <i>58"</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>68"</i> | Depth to Static Water Level <i>24"</i> |

TYPE OF COMPLETION: (Circle One or More):
 Cased, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
 (Describe) _____

WELL GROUTED TO A DEPTH OF *10 FEET*
 Type Grout (circle one): Cement, Bentonite, or Mix

| | | |
|--------------------------------|--------------------------------------|----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <i>4"</i> | Length - Feet <i>10</i> | Slot Size - Inches <i>012</i> |
| Screen Type <i>PVC</i> | Depth to Bottom - Feet <i>68"</i> | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 | |

| | | | |
|---------------------------------|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| 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 | FORMATIONS (Continued) | FROM | TO |
|---------------------------------------|-----------|-----------|------------------------|------|----|
| <i>Top Soil</i> | <i>0</i> | <i>5</i> | | | |
| <i>Clay</i> | <i>5</i> | <i>20</i> | | | |
| <i>Fine sand + gravel</i> | <i>20</i> | <i>58</i> | | | |
| <i>course sand.</i> | <i>58</i> | <i>68</i> | | | |
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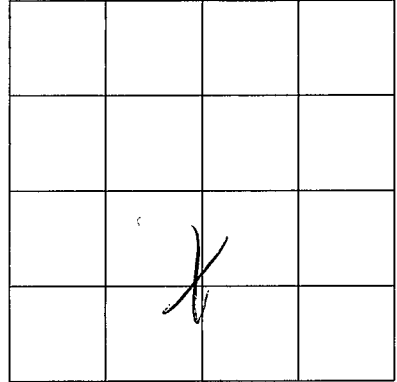
RECEIVED
SEP 15 1997

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.