

MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

COUNTY WELL LOCATED
Witman

WELL NUMBER
#2 M

CODED

DATE WELL COMPLETED
2002
4/10/89

PERMIT NUMBER
MS-GW-11917

NAME OF DRILLING FIRM
Firm Co.

88 BOND

P.O. Box 10631

Jackson, Mississippi 39209

WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
Ray Crawford

34-07-38 from permit
90-13-30

WELL LOCATION: SEC TOWNSHIP RANGE
SE NE 18 26 N 1 E W

DISTANCE DIRECTION NEAREST TOWN
Miles of

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet, Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe)

Pump Capacity (GPM) No. of Stages Setting Depth
3000 *1* *60'* FT.

PUMP TEST

Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ hours of pumping

WELL DATA

| | | |
|--------------------------------|-------------------------------------|---|
| Well Depth <i>100</i> | Casing Diameter (In.) <i>16"</i> | Casing Length (Ft.) <i>60'</i> |
| Type of Casing <i>Steel</i> | Hole Depth <i>100'</i> | Depth to Static Water Level <i>12'</i> |

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other

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):
Electric, Gamma Ray, Density, Sonic, Neutron,
Other (Describe) No Log Run,

Name of Organization Running Log

SCREEN DATA

| | | |
|------------------------------------|---------------------------------------|------------------------------------|
| Diameter - Inches <i>16"</i> | Length - Feet <i>40'</i> | Slot Size - Inches <i>10/60</i> |
| Screen Type <i>Wire wrapped</i> | Depth to Bottom - Feet <i>100'</i> | |

GEOLOGIC DATA (Office Use Only)

| | | | |
|---------------|---------------|----------------|--------------|
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |

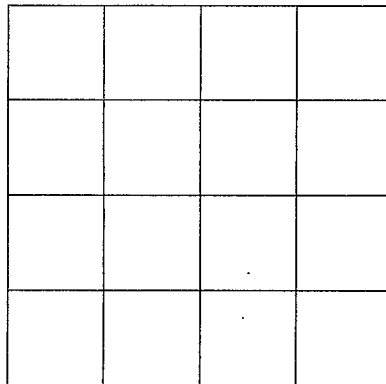
Driller's Remarks

| DESCRIPTION OF FORMATIONS ENCOUNTERED. | FROM | TO | FORMATIONS (Continued) | FROM | TO |
|--|-----------|-------------|---|------|----|
| <i>Top clay</i> | <i>0</i> | <i>14</i> | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 24 1989 </div> <p style="text-align: center; margin-top: 10px;"> Department of Natural Resources Bureau of Land & Water Resources </p> | | |
| <i>Thin sand</i> | <i>14</i> | <i>33</i> | | | |
| <i>Med sand</i> | <i>33</i> | <i>56</i> | | | |
| <i>Coarse sand 29%</i> | <i>56</i> | <i>100'</i> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.