

**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>Simpson</i>	
WELL NUMBER <i>N2041</i>	CODED
DATE WELL COMPLETED <i>10-4-95</i>	

PERMIT NUMBER <i>0-586</i>
NAME OF DRILLING FIRM <i>James Wells</i>
<i>Water Well Serv.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Frank Spence</i>		
<i>Rt 2 Box 106E</i>		
<i>Pinola Miss. 39149</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>34</i>	<i>10</i>	<i>N 20 E</i>
DISTANCE <i>1</i> Miles	DIRECTION <i>S.W.</i>	NEAREST TOWN <i>Shaw's</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</i>		
Pump Capacity (GPM)	No. of Stages	Setting Depth FT.
PUMP TEST		
Well yielded <i>12</i> GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>150</i>	Casing Diameter (In.) <i>4 in</i>	Casing Length (Ft.) <i>130 FT</i>
Type of Casing <i>PVC</i>	Hole Depth <i>150</i>	Depth to Static Water Level <i>90</i>

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

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

SCREEN DATA		
Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>08</i>
Screen Type <i>PVC slot</i>	Depth to Bottom - Feet <i>130-140</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			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>clay</i>	<i>0</i>	<i>25</i>
<i>sand</i>	<i>25</i>	<i>40</i>
<i>clay</i>	<i>40</i>	<i>70</i>
<i>sand & gravel</i>	<i>70</i>	<i>140</i>

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

FORMATIONS (See Continued) FROM TO

JAN 08 1996

**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.