

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
Smith

WELL NUMBER <i>69</i>	CODED
DATE WELL COMPLETED <i>7-29-95</i>	

PERMIT NUMBER
0-553

NAME OF DRILLING FIRM
Parker Well Service

NAME & MAILING ADDRESS OF LANDOWNER

James Wilson

Rt 3 Box 395

Taylorville MS.

WELL LOCATION: SEC *26* TOWNSHIP *10* RANGE *15*

DISTANCE *5* Miles DIRECTION *SW* of NEAREST TOWN *Taylorville*

OTHER LANDMARK
Fellowship Road

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

PUMP DATA

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

POWER TYPE (Circle One):
 Electric Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P _____

Pump Capacity (GPM) <i>20</i>	No. of Stages <i>7</i>	Setting Depth <i>78</i> FT.
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PUMP TEST

Well yielded *20* GPM with
a drawdown of *15* ft.
after *24* hours of pumping

WELL DATA

Well Depth <i>80ft</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>65ft</i>
Type of Casing <i>PUC</i>	Hole Depth <i>80</i>	Depth to Static Water Level <i>30ft</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

LOG DATA

TYPE OF LOG RUN (Circle One):
 Electric, Gamma Ray, Density, Sonic, 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

SCREEN DATA

Diameter - Inches <i>4"</i>	Length - Feet <i>15ft</i>	Slot Size - Inches <i>.008</i>
Screen Type <i>PUC</i>		Depth to Bottom - Feet <i>80ft</i>

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO

RECEIVED
AUG 02 1995
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.