

MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

P.O. Box 10631

Jackson, Mississippi 39209

WATER WELL DRILLERS LOG

COUNTY WELL LOCATED <i>date</i>	
WELL NUMBER A	CODED
DATE WELL COMPLETED <i>2059</i> 5-10-87	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Bullett Water Well</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Richard Arby</i> <i>P.O. Box 444</i> <i>Coldwater, Ms.</i>			
WELL LOCATION:	SEC <i>28</i>	TOWNSHIP <i>64 N</i>	RANGE <i>9 E</i>
DISTANCE <i>2</i> Miles	DIRECTION <i>N</i>	NEAREST TOWN <i>Arkabutla</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) _____		
Pump Capacity (GPM) <i>10</i>	No. of Stages <i>10</i>	Setting Depth <i>80'</i> FT.
PUMP TEST		
Well yielded <i>10</i> GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>90'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>80'</i>
Type of Casing <i>pvc</i>	Hole Depth <i>90'</i>	Depth to Static Water Level <i>70'</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other		
Top of Lap Pipe or Reduction in Casing FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

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	

SCREEN DATA		
Diameter - Inches <i>4"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>#10/3</i>
Screen Type <i>pvc</i>	Depth to Bottom - Feet <i>90'</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
<i>top soil</i>	<i>0</i>	<i>1/2</i>
<i>red clay</i>	<i>1/2</i>	<i>25</i>
<i>white sand and clay</i>	<i>25</i>	<i>60</i>
<i>white sand</i>	<i>60</i>	<i>90</i>

<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 10 1987 </div>
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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.