

**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 <u>TATE</u>	
WELL NUMBER <u>5</u>	PERMIT NUMBER <b>HICKS WELL COMPANY</b>
DATE WELL COMPLETED <u>2074</u> <u>1-3-89</u>	NAME OF DRILLING FIRM <u>SENATOBIA, MISS.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Eddie Oglesby</u> <u>RT. 1</u> <u>Senatobia, MS. 38668</u>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<u>19</u>	<u>5</u>	<u>5</u>
DISTANCE	DIRECTION	NEAREST TOWN
<u>0</u> Miles	<u>0</u>	<u>TAYLOR</u>
OTHER LANDMARK		
WELL PURPOSE <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.		

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet, <input type="radio"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____		
Pump Capacity (GPM) <u>10</u>	No. of Stages	Setting Depth <u>100</u> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <u>140</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>130'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>140</u>	Depth to Static Water Level <u>80</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) <u>CAP</u>		
Top of Lap Pipe or Reduction in Casing  FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): <input type="radio"/> No Log Run, <input type="radio"/> Electric, <input type="radio"/> Gamma Ray, <input type="radio"/> Density, <input type="radio"/> Sonic, <input type="radio"/> Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <u>4.5</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>0.13</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>130</u>	

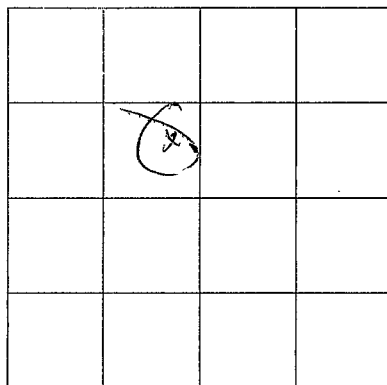
<b>GEOLOGIC DATA (Office Use Only)</b>			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<u>R.S.</u>	<u>0</u>	<u>10</u>	<b>RECEIVED</b>		
<u>W.S.</u>	<u>10</u>	<u>140</u>			
			<u>APR 29 1987</u>		
			Department of Natural Resources Bureau of Land & Water Resources		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please  
sketch and show depths.

GROUND LEVEL



SECTION 18

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen,  
show location of each on sketch.