

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Bureau of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WELL LOCATED
Marshall

WELL NUMBER J CODED

DATE WELL COMPLETED
2002
8-16-91

TATE

PERMIT NUMBER

HICKS WELL CO.
NAME OF DRILLING FIRM
RT. 1 BOX 157
SENATORIA, MS 38668

NAME & MAILING ADDRESS OF LANDOWNER
Raymond Patrick
RT 3

WELL LOCATION: SEC _____ TOWNSHIP _____ RANGE _____
Holly Springs, MS 38635
20 58 N 5 E

DISTANCE _____ DIRECTION _____ NEAREST TOWN _____
14 Miles E of Senatoria

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) _____ H/P 34

Pump Capacity (GPM) _____ No. of Stages _____ Setting Depth _____
10 12 160 FT.

PUMP TEST

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

WELL DATA

| | | |
|------------------------------|-----------------------------------|---|
| Well Depth <u>180</u> | Casing Diameter (In.) <u>4</u> | Casing Length (Ft.) <u>170</u> |
| Type of Casing <u>PVC</u> | Hole Depth <u>180</u> | Depth to Static Water Level <u>170</u> |

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

Name of Organization Running Log _____

SCREEN DATA

| | | |
|-------------------------------|--------------------------------------|----------------------------------|
| Diameter - Inches <u>4</u> | Length - Feet <u>10'</u> | Slot Size - Inches <u>013</u> |
| Screen Type <u>PVC</u> | Depth to Bottom - Feet <u>10'</u> | |

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 |
|---------------------------------------|------------|------------|---------------------------------------|------|----|
| <u>Dirt</u> | <u>0</u> | <u>20</u> | RECEIVED <u>SEP 16 1991</u> | | |
| <u>Red Sand</u> | <u>20</u> | <u>120</u> | | | |
| <u>W. Sand</u> | <u>120</u> | <u>180</u> | | | |
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Dept. of Environmental Quality
Bureau of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

| | | | |
|---|--|--|--|
| | | | |
| X | | | |
| | | | |
| | | | |

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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