

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 <i>Tate</i> | |
| WELL NUMBER <i>2046</i> | CODE |
| DATE WELL COMPLETED <i>12-11-92</i> | |

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|--|
| PERMIT NUMBER |
| NAME OF LANDOWNER HICKS WELL CO. |
| RT. 1 BOX 157 |
| SENATOBIA, MS 38668 |

| | | |
|--|-----------|------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Ken Mabry</i> | | |
| <i>P.O. 273</i> | | |
| <i>Senatobia, ms 38668</i> | | |
| WELL LOCATION: SEC | TOWNSHIP | RANGE |
| <i>18</i> | <i>6</i> | <i>N 5 W</i> |
| DISTANCE | DIRECTION | NEAREST TOWN |
| <i>12</i> Miles | <i>SE</i> | <i>Senatobia</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. | | |

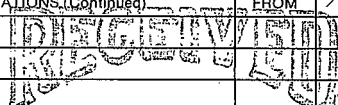
| | | |
|---|---------------|----------------|
| PUMP DATA | | |
| PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) <i>3/4</i> | | |
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| <i>10</i> | <i>12</i> | <i>150</i> FT. |
| PUMP TEST | | |
| Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping | | |

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|--|--|---|
| WELL DATA | | |
| Well Depth <i>180</i> | Casing Diameter (In.) <i>4"</i> | Casing Length (Ft.) <i>160</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>180</i> | Depth to Static Water Level <i>130</i> |
| TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____ | | |
| 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): <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>013</i> |
| Screen Type <i>PVC</i> | Depth to Bottom - Feet <i>170'</i> | |

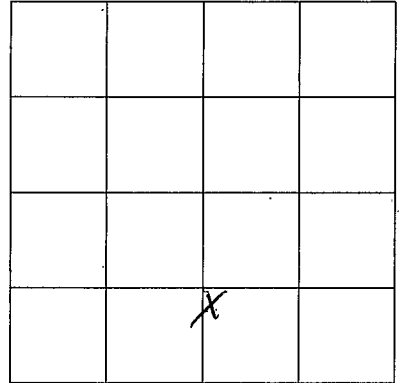
| | | | |
|---------------------------------|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |
| Driller's Remarks | | | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | FORMATIONS (Continued) | FROM | TO |
|---------------------------------------|------------|------------|--|------|----|
| <i>R. Sand</i> | <i>0</i> | <i>40</i> |  FEB 26 1993 Dept. of Environmental Quality Office of Land & Water Resources | | |
| <i>Sand + Clay</i> | <i>40</i> | <i>100</i> | | | |
| <i>Clay</i> | <i>100</i> | <i>140</i> | | | |
| <i>W. sand</i> | <i>140</i> | <i>180</i> | | | |
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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.