

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>Madison</i>	
WELL NUMBER <i>A</i>	CODED
DATE WELL COMPLETED <i>2034 Sept 90</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Creper Drilling</i> <i>Port to the MS</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>LEE JOYNER</i> <i>Olive Branch, MS</i>			
WELL LOCATION: SEC <i>27</i> TOWNSHIP <i>6 S</i> RANGE <i>1 E</i>			
DISTANCE <i>10</i> Miles	DIRECTION <i>NW</i>	NEAREST TOWN <i>New Albany</i>	
OTHER LANDMARK <i>BAIRD LAKE</i>			
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.			

PUMP DATA			
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"/> Fractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____			
Pump Capacity (GPM) <i>10</i>	No. of Stages <i>11</i>	Setting Depth <i>147</i> FT.	
PUMP TEST			
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping			

WELL DATA		
Well Depth <i>550'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>250'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>550'</i>	Depth to Static Water Level <i>90'</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, Natural Development, <input checked="" type="radio"/> Open Hole, <input type="radio"/> 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="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	

SCREEN DATA		
Diameter - Inches <i>NONE</i>	Length - Feet	Slot Size - Inches
Screen Type	Depth to Bottom - Feet	

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>TOP CLAY</i>	<i>0</i>	<i>20</i>	RECEIVED OCT 02 1990 Department of Natural Resources Bureau of Land & Water Resources		
<i>BLUE CLAY</i>	<i>20</i>	<i>400</i>			
<i>CHALK</i>	<i>400</i>	<i>490</i>			
<i>SAND</i>	<i>490</i>	<i>550</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X. Y. Z.

ADDITIONAL INFORMATION

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