

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

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

COUNTY WELL LOCATED <u>UNION</u>	
WELL NUMBER <u>N 1166</u>	CODED <input checked="" type="checkbox"/>
DATE WELL COMPLETED <u>10-7-97</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>LAYNE-CENTRAL</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>CITY OF NEW ALBANY</u>			
Well Location: SEC <u>6</u> TOWNSHIP <u>7</u> RANGE <u>3</u> <u>SW/NW</u> <u>N</u> <u>W</u>			
DISTANCE <u>0</u> Miles	DIRECTION	NEAREST TOWN <u>NEWALBANY</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, <u>Municipal</u> Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, Butane, Other (Describe) <u>460V</u> H/P <u>100</u>		
Pump Capacity (GPM) <u>500</u>	No. of Stages	Setting Depth FT.
PUMP TEST		
Well yielded <u>75</u> GPM with a drawdown of <u>35</u> ft. after _____ hours of pumping		

WELL DATA		
Well Depth <u>1120</u>	Casing Diameter (In.) <u>12 x 8</u>	Casing Length (Ft.) <u>1020</u>
Type of Casing <u>STEEL</u>	Hole Depth <u>1124</u>	Depth to Static Water Level <u>214</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, <u>Telescoped</u> Natural Development, Open Hole, Other		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

LOG DATA	
TYPE OF LOG RUN (Circle One): <u>Electric</u> , Gamma Ray, Density, Sonic, Neutron, Other (Describe) <u>LAYNE CENTRAL</u>	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <u>8</u>	Length - Feet <u>100</u>	Slot Size - Inches
Screen Type <u>304 SST</u>		Depth to Bottom - Feet <u>1120</u>

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

**RECEIVED**

Top of Lap Pipe or Reduction in Casing  
955'  
**NOV 17 1997**

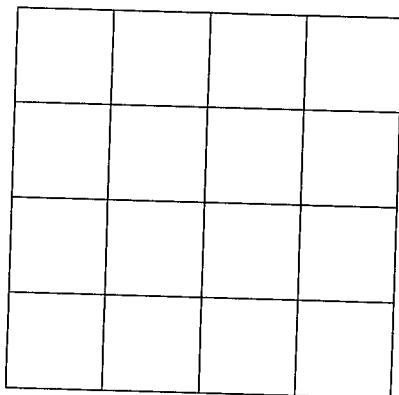
IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO

Dept. of Environmental Quality  
Office of Land & Water Resources

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.