

**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<br><i>Union</i>    |       |
| WELL NUMBER<br><i>A</i>                 | CODED |
| DATE WELL COMPLETED<br><i>July 1993</i> |       |

|  |
|--|
| PERMIT NUMBER  |
| NAME OF DRILLING FIRM<br><i>CEEPER Drilling<br/>Pontotoc</i> |

|   |                                   |                                  |  |
|---|-----------------------------------|----------------------------------|--|
| NAME & MAILING ADDRESS OF LANDOWNER<br><i>Jimmy Kennedy<br/>RFD<br/>New Albany, MS</i>            |                                   |                                  |  |
| WELL LOCATION: SEC  | TOWNSHIP                          | RANGE                            |  |
| <i>3</i>  | <i>70<sup>N</sup><sub>S</sub></i> | <i>3<sup>E</sup><sub>W</sub></i> |  |
| DISTANCE  | DIRECTION                         | NEAREST TOWN                     |  |
|   | Miles                             | of                               |  |
| OTHER LANDMARK<br><i>Ingomar ACER</i>   |                                   |                                  |  |
| WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.<br><i>BEEF CATTLE BARN</i> |                                   |                                  |  |

|   |                            |                                 |
|---|----------------------------|---------------------------------|
| PUMP DATA   |                            |                                 |
| PUMP TYPE (Circle One):<br><input checked="" type="radio"/> Submersible <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well,<br>Other (Describe) _____  |                            |                                 |
| POWER TYPE (Circle One):<br><input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane,<br>Other (Describe) _____ H/P _____ |                            |                                 |
| Pump Capacity (GPM)<br><i>10</i>  | No. of Stages<br><i>11</i> | Setting Depth<br><i>100</i> FT. |
| PUMP TEST   |                            |                                 |
| Well yielded _____ GPM with<br>a drawdown of _____ ft.<br>after _____ hours of pumping  |                            |                                 |

|   |                                    |   |
|---|------------------------------------|---|
| WELL DATA   |                                    |   |
| Well Depth<br><i>175'</i>   | Casing Diameter (In.)<br><i>4"</i> | Casing Length (Ft.)<br><i>120'</i>        |
| Type of Casing<br><i>PVC</i>  | Hole Depth<br><i>175'</i>          | Depth to Static Water Level<br><i>40'</i> |
| TYPE OF COMPLETION: (Circle One or More):<br>Gravel Packed,    Underreamed,    Telescoped,<br>Natural Development, <input checked="" type="radio"/> Open Hole,    Other _____ |                                    |   |
| WELL GROUTED TO A DEPTH OF <i>10 FEET</i><br>Type Grout (circle one): Cement, Bentonite, or Mix <input checked="" type="radio"/>  |                                    |   |

|  |  |
|--|--|
| LOG DATA   |  |
| TYPE OF LOG RUN (Circle One):<br><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,<br>Other (Describe) _____ |  |
| Name of Organization Running Log   |  |

|                                |                             |                    |
|--------------------------------|-----------------------------|--------------------|
| SCREEN DATA                    |                             |                    |
| Diameter - Inches<br><i>2"</i> | Length - Feet<br><i>20'</i> | 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         |
|---------------------------------------|------------|------------|
| <i>Top Clay</i>                       | <i>0</i>   | <i>20</i>  |
| <i>Red Sand</i>                       | <i>20</i>  | <i>60</i>  |
| <i>Blue Clay</i>                      | <i>60</i>  | <i>130</i> |
| <i>Rock + Sand</i>                    | <i>130</i> | <i>175</i> |
|                                       |            |            |
|                                       |            |            |
|                                       |            |            |
|                                       |            |            |
|                                       |            |            |

| FORMATIONS (Continued)   | FROM | TO |
|--|------|----|
| <b>RECEIVED</b>  |      |    |
| <b>AUG 25 1993</b>   |      |    |
| Dept. of Environmental Quality<br>Office of Land & Water Resources |      |    |
|  |      |    |
|  |      |    |
|  |      |    |
|  |      |    |
|  |      |    |

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.