

**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 <b>Walthall</b>	
WELL NUMBER <b>R</b>	CODED
DATE WELL COMPLETED <b>6/11/93</b>	

PERMIT NUMBER <b>0-508</b>
NAME OF DRILLING FIRM <b>Jordan Well Serv.</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Arnold Samrall</b> <b>tylertown, Miss.</b>			
WELL LOCATION:	SEC <b>3</b>	TOWNSHIP <b>1 N</b>	RANGE <b>12 E</b>
DISTANCE <b>2</b> Miles	DIRECTION <b>S</b>	NEAREST TOWN <b>Dexter</b>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

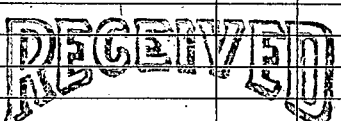
<b>PUMP DATA</b>		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P _____		
Pump Capacity (GPM) <b>10</b>	No. of Stages <b>8</b>	Setting Depth _____ FT.
<b>PUMP TEST</b>		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>40</b>	Casing Diameter (In.) <b>4</b>	Casing Length (Ft.) <b>30</b>
Type of Casing <b>PVC</b>	Hole Depth <b>40</b>	Depth to Static Water Level <b>20</b>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) <b>10ft. Cement grout</b>		
Top of Lap Pipe or Reduction in Casing <b>FEET</b>		
IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

<b>LOG DATA</b>	
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	

<b>SCREEN DATA</b>		
Diameter - Inches <b>4</b>	Length - Feet <b>10</b>	Slot Size - Inches <b>1/12</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>30</b>	

<b>GEOLOGIC DATA (Office Use Only)</b>			
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
<b>Top Soil</b>	<b>0</b>	<b>1</b>	 <b>JUN 25 1993</b>		
<b>Sandy Clay</b>	<b>1</b>	<b>20</b>			
<b>Coarse Sand</b>	<b>20</b>	<b>40</b>			

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IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 3

Please indicate well location X.

ADDITIONAL INFORMATION

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