

# MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

COUNTY WELL LOCATED <b>Washington</b>	
WELL NUMBER <b>2006</b>	CODED
DATE WELL COMPLETED <b>4-6-92</b>	

PERMIT NUMBER <b>14185</b>
NAME OF DRILLING FIRM <b>Dyn Well</b>

1662 ~~2006~~ P.O. Box 10631  
Jackson, Mississippi 39209  
**WATER WELL DRILLERS LOG**

NAME & MAILING ADDRESS OF LANDOWNER <b>R.W. Williams Trust</b>			
<b>Box 247</b>			
<b>Rolling Fork, Ms. 39159</b>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<b>31</b>	<b>15</b> <sup>(N)</sup> / <sub>(S)</sub>	<b>5</b> <sup>(E)</sup> / <sub>(W)</sub>
DISTANCE	DIRECTION		NEAREST TOWN
_____ Miles	_____ of _____		
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input checked="" 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)	No. of Stages	Setting Depth
<b>1100</b>	<b>1</b>	<b>60</b> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>109'</b>	Casing Diameter (In.) <b>10"</b>	Casing Length (Ft.) <b>69'</b>
Type of Casing	Hole Depth	Depth to Static Water Level
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

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): <input checked="" 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>None</b>	

<b>SCREEN DATA</b>		
Diameter - Inches <b>10"</b>	Length - Feet <b>40'</b>	Slot Size - Inches <b>.030</b>
Screen Type <b>Wire Wrap</b>	Depth to Bottom - Feet	

<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
<b>Clay</b>	<b>0</b>	<b>14</b>
<b>Fine Sand</b>	<b>14</b>	<b>60</b>
<b>Fine Sand &amp; Gravel</b>	<b>60</b>	<b>74</b>
<b>Sand &amp; Gravel</b>	<b>74</b>	<b>98</b>
<b>M Sand &amp; Gravel</b>	<b>98</b>	<b>104</b>
<b>Sand &amp; Gravel</b>	<b>104</b>	<b>109</b>

FORMATIONS (Continued)	FROM	TO
<b>RECEIVED</b>		
<b>APR 24 1992</b>		
<b>Dept. of Environmental Quality Bureau of Land &amp; Water Resources</b>		
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.