

Willkerson
 COUNTY WELL LOCATED
~~Jefferson~~

WELL NUMBER
H-2014

CODED

PERMIT NUMBER
0-60

NAME OF DRILLING FIRM
Rayborn Drilling

DATE WELL COMPLETED
5-17-00

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

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

NAME & MAILING ADDRESS OF LANDOWNER
Lisa Floyd

2240 Cole Rd.

Crosby, MS 39633

WELL LOCATION: SEC 3 TOWNSHIP 3 RANGE 1
 (N) (S) (E) (W)

DISTANCE 12 Miles DIRECTION SW of NEAREST TOWN Rose Hta

OTHER LANDMARK

WELL PURPOSE Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
 Submersible, Turbine, Jet, Flowing Well,
 Other (Describe) _____

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
 Other (Describe) _____ H/P 4

Pump Capacity (GPM) 8 No. of Stages 8 Setting Depth 220 FT.

PUMP TEST
 Well yielded _____ GPM with
 a drawdown of _____ ft.
 after _____ hours of pumping

WELL DATA

| | | |
|------------------------------|-----------------------------------|---|
| Well Depth <u>400</u> | Casing Diameter (In.) <u>4</u> | Casing Length (Ft.) <u>380</u> |
| Type of Casing <u>PVC</u> | Hole Depth <u>400</u> | Depth to Static Water Level <u>200</u> |

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
 (Describe) _____

WELL GROUTED TO A DEPTH OF 10 FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

LOG DATA

TYPE OF LOG RUN (Circle One):
 No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron,
 Other (Describe) _____

Name of Organization Running Log _____

SCREEN DATA

| | | |
|-------------------------------|--------------------------------------|-----------------------------------|
| Diameter - Inches <u>4</u> | Length - Feet <u>20</u> | Slot Size - Inches <u>.010</u> |
| Screen Type <u>PVC</u> | Depth to Bottom - Feet <u>400</u> | |

GEOLOGIC DATA (Office Use Only)

| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
|---------------|---------------|----------------|--------------|
| Subs.-SWL | Date | Analysis | Aquifer Test |

Driller's Remarks

Top of Lap Pipe or Reduction in Casing

FEET 10

IF TELESKOPED OR MORE THAN 10 FEET SCREEN USE BACK PAGE

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO | FORMATIONS (Continued) | FROM | TO |
|---------------------------------------|------|-----|------------------------|------|----|
| Topsoil | 0 | 2 | | | |
| Chalk | 2 | 60 | | | |
| Sand | 60 | 170 | | | |
| Shale & Fine Sand | 170 | 356 | | | |
| Sand | 356 | 400 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

JUN 08 2000

Dept. of Environmental Quality
 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.