

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 <i>Wilkinson</i>	
WELL NUMBER <i>L 2010</i>	CODED
DATE WELL COMPLETED <i>8-11-98</i>	

PERMIT NUMBER <i>0-60</i>
NAME OF DRILLING FIRM <i>Rayborn Drilling</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Wayne Simoneaud</i>		
<i>5 Rue De Verger</i>		
<i>New Iberia, LA 70563</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>49</i>	<i>2</i>	<i>N 3 E</i>
DISTANCE <i>8</i> Miles	DIRECTION <i>W</i>	NEAREST TOWN <i>Woodville</i>
OTHER LANDMARK		
WELL PURPOSE <input checked="" type="radio"/> Home Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.		

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <i>3</i>		
Pump Capacity (GPM) <i>28</i>	No. of Stages	Setting Depth <i>296</i> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA

Well Depth <i>340</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Fl.) <i>320</i>
Type of Casing <i>PVC</i>	Hole Depth <i>340</i>	Depth to Static Water Level <i>260</i>

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

SCREEN DATA

Diameter - Inches <i>4"</i>	Length - Feet <i>20'</i>	Slot Size - Inches <i>.010</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>340</i>	

LOG DATA

TYPE OF LOG RUN (Circle One): <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, Other (Describe) _____
Name of Organization Running Log

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks <i>08-24-98AC 9:50 RCVD</i>
Top of Lap Pipe or Reduction in Casing FEET
IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>Topsoil</i>	<i>0</i>	<i>2</i>			
<i>Chalk</i>	<i>2</i>	<i>115</i>			
<i>Fine sand</i>	<i>115</i>	<i>130</i>			
<i>Chalk</i>	<i>130</i>	<i>145</i>			
<i>Sand</i>	<i>145</i>	<i>178</i>			
<i>Hard shale</i>	<i>178</i>	<i>315</i>			
<i>Sand</i>	<i>315</i>	<i>340</i>			

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.