

# MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

P.O. Box 10631

Jackson, Mississippi 39209

## WATER WELL DRILLERS LOG

|   |       |
|---|-------|
| COUNTY WELL LOCATED<br><i>Wilkinson</i> |       |
| WELL NUMBER<br><i>Φ</i>                 | CODED |
| DATE WELL COMPLETED<br><i>2-13-87</i>   |       |

|  |
|--|
| PERMIT NUMBER<br><i>0287</i>                       |
| NAME OF DRILLING FIRM<br><i>Krens well Service</i> |

|  |                          |                                    |  |
|--|--------------------------|------------------------------------|--|
| NAME & MAILING ADDRESS OF LANDOWNER<br><i>Michael Donaldson<br/>Centerville</i>  |                          |                                    |  |
| WELL LOCATION: SEC <u>31</u> TOWNSHIP <u>2 S</u> RANGE <u>1 W</u>  |                          |                                    |  |
| DISTANCE<br><u>3 1/2</u> Miles   | DIRECTION<br><u>West</u> | NEAREST TOWN<br><u>Centerville</u> |  |
| OTHER LANDMARK<br><i>none</i>  |                          |                                    |  |
| WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. |                          |                                    |  |

|   |                            |                                  |
|---|----------------------------|----------------------------------|
| 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) _____ |                            |                                  |
| Pump Capacity (GPM)<br><i>12</i>  | No. of Stages<br><i>12</i> | Setting Depth<br><i>180'</i> FT. |
| PUMP TEST   |                            |                                  |
| Well yielded <u>12</u> GPM with<br>a drawdown of <u>0</u> ft.<br>after <u>1</u> hours of pumping  |                            |                                  |

|   |                                    |  |
|---|------------------------------------|--|
| WELL DATA   |                                    |  |
| Well Depth<br><i>220ft</i>  | Casing Diameter (In.)<br><i>4"</i> | Casing Length (Ft.)<br><i>210'</i>         |
| Type of Casing<br><i>P.V.C</i>  | Hole Depth<br><i>220</i>           | Depth to Static Water Level<br><i>150'</i> |
| TYPE OF COMPLETION: (Circle One or More):<br><input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped,<br><input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other<br>(Describe) _____ |                                    |  |
| Top of Lap Pipe or Reduction in Casing<br><br>FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE  |                                    |  |

|   |  |
|---|--|
| 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,<br>Other (Describe) _____ |  |
| Name of Organization Running Log  |  |

|                                |                             |  |
|--------------------------------|-----------------------------|--|
| SCREEN DATA                    |                             |  |
| Diameter - Inches<br><i>4"</i> | Length - Feet<br><i>10'</i> | Slot Size - Inches<br><i>.012</i>      |
| Screen Type<br><i>P.V.C</i>    |                             | Depth to Bottom - Feet<br><i>220ft</i> |

|                                 |               |                |              |
|---------------------------------|---------------|----------------|--------------|
| 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>Red sandy clay</i>                 | <i>0</i>   | <i>27</i>  |
| <i>Red Cherty sand</i>                | <i>27</i>  | <i>70</i>  |
| <i>light yellow sand</i>              | <i>70</i>  | <i>82</i>  |
| <i>hard blue clay</i>                 | <i>82</i>  | <i>190</i> |
| <i>fine blue sand</i>                 | <i>190</i> | <i>204</i> |
| <i>coarse sand</i>                    | <i>204</i> | <i>220</i> |
|                                       |            |            |
|                                       |            |            |
|                                       |            |            |
|                                       |            |            |

|   |
|---|
| <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <p style="font-size: 1.5em; margin-top: 10px;">JUN 29 1987</p> <p style="text-align: center; margin-top: 10px;">Department of Natural Resources<br/>Bureau of Land &amp; Water Resources</p> |
| <p>FORMATIONS CONTINUED FROM TO</p>   |
| <p>IF MORE SPACE IS NEEDED, USE BACK</p>  |

If well telescopes please  
sketch and show depths.

GROUND LEVEL

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION 10

Please indicate well location X.

ADDITIONAL INFORMATION

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