

**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>FORREST</b>	
WELL NUMBER <b>M 2085</b>	CODED
DATE WELL COMPLETED <b>12-3-90</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Boone's WATER WELL</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Betty Retherford</b>		
WELL LOCATION: SEC <b>34</b> TOWNSHIP <b>1 N</b> RANGE <b>13 E</b>		
DISTANCE <b>15</b> Miles	DIRECTION <b>E</b>	NEAREST TOWN <b>L'ON</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 <b>1</b>		
Pump Capacity (GPM) <b>18</b>	No. of Stages <b>8</b>	Setting Depth <b>140</b> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>160</b>	Casing Diameter (In.) <b>4"</b>	Casing Length (Ft.) <b>140</b>
Type of Casing <b>sch 40</b>	Hole Depth <b>160</b>	Depth to Static Water Level <b>80</b>
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 <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>20</b>	Slot Size - Inches <b>#10</b>
Screen Type <b>sch 40</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	FORMATIONS (Continued)	FROM	TO
<b>CLAY</b>	<b>0</b>	<b>110</b>	<b>RECEIVED</b>		
<b>SAND</b>	<b>110</b>	<b>160</b>			
			<b>JAN 22 1991</b>		
			Dept. of Environmental Quality Bureau of Land & Water Resources		
			IF MORE SPACE IS NEEDED, USE BACK		