

**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 Hancock	
WELL NUMBER B-103	CODED
DATE WELL COMPLETED 3-25-04	

PERMIT NUMBER
NAME OF DRILLING FIRM Boone's Water Well

NAME & MAILING ADDRESS OF LANDOWNER Eric Holston			
10405 Hwy 53			
Latitude: P			
Longitude: Poplarville, MS 39470			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	6	5	14
DISTANCE	DIRECTION	NEAREST TOWN	
2	N	of Norrise Crossing	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="checkbox"/> Jet, Other (Describe) _____	Flowing Well, <input type="checkbox"/>
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____	
H/P _____	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	155
Sand	155	800

RECEIVED
APR 23 2004
BY: OLWR

WELL DATA		
Well Depth 200	Casing Diameter (In.) 2	Casing Length (Ft.) 190
Type of Casing Pirsch40	Hole Depth 200	Depth to Static Water Level 90
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) _____		
WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 2	Length - Feet 10	Slot Size - Inches #8
Screen Type Pirsch40	Depth to Bottom - Feet	

Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Johnny Pearson
Signature of Licensed Driller and License No. **00056**

4-21-04
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) 5	No. of Stages 2	Setting Depth _____ FT.
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PUMP TEST

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

LOG DATA

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

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