

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Office of Land and Water Resources

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

<b>COUNTY WELL LOCATED</b>	
Hancock	
<b>WELL NUMBER</b>	<b>CODED</b>
G-250	
<b>DATE WELL COMPLETED</b>	
6-11-02	

<b>PERMIT NUMBER</b>
<b>NAME OF DRILLING FIRM</b>
Booneswater Well

<b>NAME &amp; MAILING ADDRESS OF LANDOWNER</b>
David + Tammy Garfield
23345 Hwy 603
<b>Latitude:</b>
<b>Longitude:</b>
Kiln, MS 39556
<b>WELL LOCATION</b>
SEC TOWNSHIP RANGE
6 7 N 14 E
<b>DISTANCE</b> <b>DIRECTION</b> <b>NEAREST TOWN</b>
3 Miles N of Kiln
<b>OTHER LANDMARK</b>
<b>WELL PURPOSE</b> (Circle one) Irrigation, Municipal, Industrial, Fish Pond, etc.
Home

<b>PUMP DATA</b>
<b>PUMP TYPE</b> (Circle One): Submersible, Turbine, (Jet) Flowing Well, Other (Describe) _____
<b>POWER TYPE</b> (Circle One): (Electric), Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 1

<b>DESCRIPTION OF FORMATIONS ENCOUNTERED</b>	<b>FROM</b>	<b>TO</b>
Sand	0	70
Clay	70	2105
Sand	2105	300

**WELL DATA**

<b>Well Depth</b>	<b>Casing Diameter (in.)</b>	<b>Casing Length (Ft.)</b>
300	2	290
<b>Type of Casing</b>	<b> Hole Depth</b>	<b>Depth to Static Water Level</b>
Sch 40	300	95
<b>TYPE OF COMPLETION:</b> (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		

**RECEIVED**

AUG 27 2002

**BY: OLWR**

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

**SCREEN DATA**

<b>Diameter - Inches</b>	<b>Length - Feet</b>	<b>Slot Size - Inches</b>
2	10	#8
<b>Screen Type</b>		<b>Depth to Bottom - Feet</b>
Sch 40		

<b>Top of Lap Pipe or Reduction in Casing</b>
<b>FEET</b>
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. D-656

7-18-02  
Date

**Additional Information Required On Back**

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.
--------------------------	--------------------	----------------------------

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.