

**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 <u>Lamar</u>	
WELL NUMBER <u>D2036</u>	CODED
DATE WELL COMPLETED <u>11-1-94</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Boone Water Well</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Otho Stewart</u> <u>Old Hwy 24</u>			
WELL LOCATION:	SEC <u>26</u>	TOWNSHIP <u>4</u>	RANGE <u>15</u>
DISTANCE <u>3</u> Miles	DIRECTION <u>S</u>	NEAREST TOWN <u>Belleue</u>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, 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 <u>1</u>		
Pump Capacity (GPM)	No. of Stages	Setting Depth  FT.
PUMP TEST Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <u>80</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>60</u>
Type of Casing <u>sch 40</u>	Hole Depth <u>80</u>	Depth to Static Water Level
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 <u>5</u> FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

<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 <u>4</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>8</u>
Screen Type <u>sch 40</u>	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
<u>Clay</u>	<u>0</u>	<u>20</u>	<b>RECEIVED</b>  <b>JUN 12 1995</b>  Dept. of Environmental Quality Office of Land & Water Resources		
<u>Sand</u>	<u>20</u>	<u>80</u>			

IF MORE SPACE IS NEEDED, USE BACK