

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 <u>Leflore</u>	
WELL NUMBER <u>B 2050</u>	CODED
DATE WELL COMPLETED <u>12-2-93</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER <u>Lamar Ward Electric</u>			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	<u>18</u>	<u>8</u>	<u>N 8 E</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>8</u> Miles	<u>W</u>	of <u>Brookhaven</u>	
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, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, 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		

WELL DATA		
Well Depth <u>285</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>275</u>
Type of Casing <u>sch 40</u>	Hole Depth <u>285</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		
Top of Lap Pipe or Reduction in Casing FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

LOG DATA	
TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>10</u>
Screen Type <u>sch 40</u>	Depth to Bottom - Feet	

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
<u>Clay</u>	<u>0</u>	<u>260</u>
<u>Sand</u>	<u>260</u>	<u>285</u>

FORMATIONS (Continued)	FROM	TO
RECEIVED		
NOV 10 1994		
Dept. of Environmental Quality Office of Land & Water Resources		
IF MORE SPACE IS NEEDED, USE BACK		

If well telescopes please
sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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