

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
Pearl River

WELL NUMBER **15-2029** CODED

DATE WELL COMPLETED
7/23/2002

PERMIT NUMBER

NAME OF DRILLING FIRM
Clear Water Drilling

NAME & MAILING ADDRESS OF LANDOWNER
Raywood Touchet

35 Starford Creek Rd

Latitude:
Longitude:

WELL LOCATION: SEC *31* TOWNSHIP *1 N* RANGE *16 W*

DISTANCE *8* Miles DIRECTION *NE* of NEAREST TOWN *Poplarville*

OTHER LANDMARK

WELL PURPOSE: Home Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
 Submersible, Turbine, Jet, Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) *H/P* *2*

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|-----------|------------|
| <i>Red Sand & shell</i> | <i>0</i> | <i>12</i> |
| <i>Red to Tan Sand</i> | <i>12</i> | <i>25</i> |
| <i>Red to Grey Clay</i> | <i>25</i> | <i>40</i> |
| <i>SOFT Grey Clay</i> | <i>40</i> | <i>45</i> |
| <i>Fine to Med Sand</i> | <i>45</i> | <i>50</i> |
| <i>Fine med Sand</i> | <i>50</i> | <i>70</i> |
| <i>Med to coarse Sand</i> | <i>70</i> | <i>110</i> |

WELL DATA

Well Depth *110'* Casing Diameter (In.) *4"* Casing Length (Ft.) *90'*

Type of Casing *PVC 40* Hole Depth *110* Depth to Static Water Level *55'*

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe)

WELL GROUTED TO A DEPTH OF *10'* FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches *4* Length - Feet *20* Slot Size - Inches *.010*

Screen Type *SLOT PVC 40* Depth to Bottom - Feet *110'*

RECEIVED

OCT 18 2002

DV-OLWR

Top of Lap Pipe or Reduction in Casing

FEET 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.

Robert Schmidt #423
Signature of Licensed Driller and License No.

10/16/2002
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) | No. of Stages | 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.