

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>Pearl River</u>	
WELL NUMBER <u>D-67</u>	CODED
DATE WELL COMPLETED <u>3-27-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Boone's Waterwell</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>David Ford</u> <u>35 Schrader Rd.</u>			
Latitude: Longitude: <u>Lumberton, MS 39455</u>			
WELL LOCATION	SEC <u>28</u>	TOWNSHIP <u>N 14 E</u>	RANGE <u>14 E</u>
DISTANCE <u>6</u> Miles	DIRECTION <u>S</u>	NEAREST TOWN <u>Lumberton</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, Butane, Other (Describe) <u>H/P 1</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>10</u>
<u>sand</u>	<u>10</u>	<u>65</u>
<u>Clay</u>	<u>65</u>	<u>150</u>
<u>Sand</u>	<u>150</u>	<u>195</u>
<b>RECEIVED</b>		
<b>APR 24 2003</b>		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA

Well Depth <u>195</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>175</u>
Type of Casing <u>Sch 40</u>	Hole Depth <u>195</u>	Depth to Static Water Level <u>75</u>

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 <u>4</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>#8</u>
Screen Type <u>Sch 40</u>		Depth to Bottom - Feet

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. 0656

4-15-03  
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) <u>20</u>	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

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