

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 D-2101 | CODED |
| DATE WELL COMPLETED 3-7-01 | |

| |
|---|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM Boone's WaterWell |

| | | | |
|---|-----------|---------------------|-----------|
| NAME & MAILING ADDRESS OF LANDOWNER Leo Ladner | | | |
| Thomas School Rd | | | |
| Lumberton, MS 39455 | | | |
| WELL LOCATION: | SEC | TOWNSHIP | RANGE |
| | 27 | 1 | 14 |
| | | N | E |
| | | 8 | 10 |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| 6 Miles | SE | of Lumberton | |
| 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): Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____ | | |
| 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 140 | Casing Diameter (in.) 2 | Casing Length (Ft.) 130 |
| Type of Casing SCH 40 | Hole Depth 140 | Depth to Static Water Level 35 |

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 2 | Length - Feet 10 | Slot Size - Inches #8 |
| Screen Type SCH 40 | Depth to Bottom - Feet | |

LOG DATA

| | | |
|--|--|-------------------|
| TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ | | No Log Run, _____ |
| 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
chill + set casing

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|-----------|------------|
| Clay | 0 | 20 |
| Sand | 20 | 140 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| FORMATIONS (Continued) | FROM | TO |
|------------------------|------|----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

REC'D AUG 24 2001

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.