

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 CODED PERMIT NUMBER

F-69

DATE WELL COMPLETED  
4-30-04

NAME OF DRILLING FIRM  
Clear Water Drilling

NAME & MAILING ADDRESS OF LANDOWNER  
Ernest Duvall  
9793 Hwy 11  
Poplarville, MS 39470

Latitude:  
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE  
15 2 S 16 E

DISTANCE DIRECTION NEAREST TOWN  
10 Miles S of 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 1/2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>red sand</u>	<u>0</u>	<u>15</u>
<u>white clay + sand</u>	<u>15</u>	<u>35</u>
<u>sand</u>	<u>35</u>	<u>40</u>
<u>blue clay</u>	<u>40</u>	<u>90</u>
<u>grey clay / sand</u>	<u>90</u>	<u>113</u>
<u>med. - fine sand</u>	<u>113</u>	<u>130</u>
<u>med. - coarse sand</u>	<u>130</u>	<u>160</u>

RECEIVED  
JUL 21 2004  
BY: OLWFI

Top of Lap Pipe or Reduction in Casing  
FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>160</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>140</u>
Type of Casing <u>PVC</u>	Hole Depth <u>160</u>	Depth to Static Water Level <u>70</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>.010</u>
Screen Type <u>wrapped</u>	Depth to Bottom - Feet <u>160</u>	

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 Schmid 0423 7/20/04  
 Signature of Licensed Driller and License No. 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

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