

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>F-2049</u> | CODED |
| DATE WELL COMPLETED <u>5-15-2000</u> | |

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|--|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <u>Boone Water Well</u> |

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|--|-----------------------|------------------------------------|------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <u>Hershall Byrd</u> <u>Beach Rd</u> <u>Poplarville, MS 39470</u> | | | |
| WELL LOCATION: | SEC <u>22</u> | TOWNSHIP <u>2</u> | RANGE <u>N 16 E</u> |
| DISTANCE <u>1</u> Miles | DIRECTION <u>W</u> | NEAREST TOWN <u>Poplarville</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. | | | |

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|--|---------------|-------------------------------------|
| PUMP DATA | | |
| PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet, <input type="radio"/> Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <u>1</u> | | |
| 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 | | |


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| WELL DATA | | |
| Well Depth <u>115</u> | Casing Diameter (In.) <u>4</u> | Casing Length (Ft.) <u>105</u> |
| Type of Casing <u>Sch 40</u> | Hole Depth <u>115</u> | Depth to Static Water Level <u>55</u> |
| TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Pack, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____ | | |

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|---|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): <input type="radio"/> No Log Run, <input type="radio"/> Electric, <input type="radio"/> Gamma Ray, <input type="radio"/> Density, <input type="radio"/> Sonic, <input type="radio"/> Neutron, Other (Describe) _____ | |
| Name of Organization Running Log | |

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| WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or <input type="radio"/> Mix |
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|--|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |

| | | |
|-------------------------------|----------------------------|---------------------------------|
| 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 | |

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| Driller's Remarks |
| Top of Lap Pipe or Reduction in Casing |
|  |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|-----------|------------|
| <u>Clay</u> | <u>0</u> | <u>10</u> |
| <u>Sand + Pglauel</u> | <u>10</u> | <u>115</u> |
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| FORMATIONS (continued) | FROM | TO |
|---|------|----|
| | | |
| SEP 07 2000 | | |
| Dept. of Environmental Quality | | |
| Office of Land & Water Resources | | |
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| | | |
| | | |
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If well telescopes please
sketch and show depths.

GROUND LEVEL

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| | | | |

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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