

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
Paul River

WELL NUMBER
G-62

CODED

PERMIT NUMBER

DATE WELL COMPLETED
4-20-04

NAME OF DRILLING FIRM
Boones Water Well

NAME & MAILING ADDRESS OF LANDOWNER
Popbville Salvage & Auto
345 Balmoral Dr

Latitude: _____
Longitude: Popbville, MS 39470

WELL LOCATION. SEC: 33 TOWNSHIP: 2 N RANGE: 15 E
M

DISTANCE: 1 Miles DIRECTION: E of NEAREST TOWN: Popbville

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	20
sand	20	83

WELL DATA

Well Depth: 83 Casing Diameter (In.): 2 Casing Length (Ft.): 73

Type of Casing: Pressure Hole Depth: 83 Depth to Static Water Level: 40

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 PVC SCH 40	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. 00056

5-18-04
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
5	2	_____ 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.