

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
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G-104

DATE WELL COMPLETED

3-18-04

PERMIT NUMBER

NAME OF DRILLING FIRM

Clear Water Drilling

NAME & MAILING ADDRESS OF LANDOWNER

Bill Amacker
132 39410
Macypeth Trace Poplarville, MS

Latitude: _____
Longitude: _____

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>9</u>	<u>2</u>	<u>N 15 E</u>

DISTANCE _____ MILES DIRECTION _____ of _____ NEAREST TOWN _____

15 Miles NE 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 1/2 Butane,
Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Thin clay red clay</u>	<u>0</u>	<u>3'</u>
<u>Thin red clay, sand</u>	<u>3'</u>	<u>10'</u>
<u>red a few sand</u>	<u>10</u>	<u>100</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	Casing Diameter (In.)	Casing Length (Ft.)
<u>100'</u>	<u>4"</u>	<u>80'</u>
Type of Casing	Hole Depth	Depth to Static Water Level
<u>PVC</u>	<u>100'</u>	<u>20'</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	Length - Feet	Slot Size - Inches
<u>4"</u>	<u>20"</u>	<u>0/10</u>
Screen Type	Depth to Bottom - Feet	
<u>Wrapped</u>	<u>100'</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.


 Signature of Licensed Driller and License No.

0423

7/20/04
 Date

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

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