

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 H-25	CODED
DATE WELL COMPLETED 4-2-03	

PERMIT NUMBER
NAME OF DRILLING FIRM Boone's Water Well

NAME & MAILING ADDRESS OF LANDOWNER Wallene Smith 727 Jess Williams Rd.			
Latitude:			
Longitude: Lumberton, MS 39455			
WELL LOCATION	SEC 28	TOWNSHIP 2 N	RANGE 14 E
DISTANCE	DIRECTION	NEAREST TOWN	
6 Miles	E	of Poplarville	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) H/P 1		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Sand	10	35
Clay	35	180
Sand	180	220
<p>RECEIVED</p> <p>APR 25 2003</p> <p>BY: OLWR</p>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth 220	Casing Diameter (In.) 4	Casing Length (Ft.) 200
Type of Casing Sch 40	Hole Depth 220	Depth to Static Water Level 145
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe)		
WELL GROUTED TO A DEPTH OF 10 FEET		
Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 4	Length - Feet 20	Slot Size - Inches #8
Screen Type 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.

Johnnie Pearson
Signature of Licensed Driller and License No.
0656

41503
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) <i>20</i>	No. of Stages	Setting Depth _____ FT.
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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.