

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

QUALITY

Office of Land and Water Resources

P. O. Box 10631

Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

COUNTY WELL LOCATED <i>Pearl River</i>	
WELL NUMBER <i>J 2063</i>	CODED
DATE WELL COMPLETED <i>9-4-95</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Boone's Water Well</i>

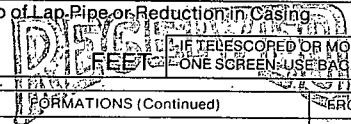
NAME & MAILING ADDRESS OF LANDOWNER <i>James Barnes</i> <i>1657 Hwy 43 N</i>			
WELL LOCATION: SEC	TOWNSHIP	RANGE	
	<i>35</i>	<i>3</i>	<i>N 18 E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>18</i> Miles	<i>SW</i>	<i>Poplarville</i>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

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)	No. of Stages	Setting Depth
		FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

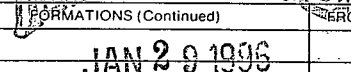
WELL DATA		
Well Depth <i>155</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>135</i>
Type of Casing <i>#40</i>	Hole Depth	Depth to Static Water Level <i>48</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>6</u> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or Mix		

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	

SCREEN DATA		
Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>#8</i>
Screen Type <i>sch #40</i>	Depth to Bottom - Feet	

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			
Top of Lap Pipe or Reduction in Casing			
			
IF TELESKOPED OR MORE THAN ONE SCREEN, USE BACK PAGE			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>90</i>
<i>Sand</i>	<i>90</i>	<i>155</i>

FORMATIONS (Continued)		FROM	TO
			
<i>JAN 29 1996</i>			
Dept. of Environmental Quality Office of Land & Water Resources			
IF MORE SPACE IS NEEDED, USE BACK			

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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