

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  
*Rock (102)*

WELL NUMBER  
*K-68*

CODED

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Clear Water Drilling*

DATE WELL COMPLETED  
*7/21/2002*

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Clear Water Drilling*

NAME & MAILING ADDRESS OF LANDOWNER  
*Miller Willis S*

*119 JM Tyres Rd*

Latitude: *N 30° 47.989'*  
Longitude: *W 89° 39.698'*

WELL LOCATION. SEC TOWNSHIP RANGE  
*11 3 N 17 W*

DISTANCE DIRECTION NEAREST TOWN  
*12 Miles W 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, Butane,  
Other (Describe) H/P *3*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>make yellow clay</i>	<i>0</i>	<i>2</i>
<i>make fine sand</i>	<i>2</i>	<i>14</i>
<i>lean clay</i>	<i>14</i>	<i>25</i>
<i>yellow clay</i>	<i>25</i>	<i>45</i>
<i>make fine sand</i>	<i>40</i>	<i>66</i>
<i>make coarse sand</i>	<i>60</i>	<i>115</i>

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BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <i>115</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>75</i>
Type of Casing <i>PVC</i>	Hole Depth <i>115</i>	Depth to Static Water Level <i>50</i>

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 <i>4</i>	Length - Feet <i>40</i>	Slot Size - Inches <i>010</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>115</i>	

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.

*Robert Schmalz 923*  
Signature of Licensed Driller and License No.

*10/29/2002*  
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	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

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