

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: *L-71* CODED

DATE WELL COMPLETED
3/20/2002

PERMIT NUMBER

NAME OF DRILLING FIRM
Clear Water Drilling

NAME & MAILING ADDRESS OF LANDOWNER
Jim Turbeville

256 WILBERNESS Rd
Poplarville MS 39470

Latitude:
Longitude:

WELL LOCATION: SEC *31* TOWNSHIP *3* RANGE *16* *(S)* *(W)*

DISTANCE: *15* Miles DIRECTION: *SW* NEAREST TOWN: *Poplarville*

OTHER LANDMARK

WELL PURPOSE: Home Irrigation, Municipal, Industrial, Fish Pond, etc.

WELL DATA

Well Depth <i>200'</i>	Casing Diameter (in.) <i>2</i>	Casing Length (Ft.) <i>180</i>
Type of Casing <i>PVC</i>	Hole Depth <i>200</i>	Depth to Static Water Level <i>+3'</i>

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
 (Describe)

WELL GROUTED TO A DEPTH OF *20'* FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <i>2</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>.010</i>
Screen Type <i>PVC 500T</i>	Depth to Bottom - Feet <i>200</i>	

PUMP DATA

PUMP TYPE (Circle One):
 Submersible, Turbine, Jet Flowing Well,
 Other (Describe) *3 hp SW pump*

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
 Other (Describe) _____ H/P *2*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Red tan clay</i>	<i>0</i>	<i>20</i>
<i>cream clay</i>	<i>20</i>	<i>50</i>
<i>gray clay</i>	<i>52</i>	<i>10</i>
<i>fill sand fine</i>	<i>60</i>	<i>8</i>
<i>gray clay</i>	<i>80</i>	<i>120</i>
<i>blue clay</i>	<i>130</i>	<i>165</i>
<i>red case sand</i>	<i>165</i>	<i>200</i>

RECEIVED

OCT 25 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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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 Schmidt #423
Signature of Licensed Driller and License No.

10/16/2002
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.

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.