

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
M-211
CODED _____
DATE WELL COMPLETED
1-13-03

PERMIT NUMBER _____
NAME OF DRILLING FIRM
Boones Water Well

NAME & MAILING ADDRESS OF LANDOWNER
Howard Walters Jr
103 Homestead Lane Lot A
Latitude: _____
Longitude: Poplarville, MS 39470
WELL LOCATION: SEC 23 TOWNSHIP 3 N RANGE 15 E
DISTANCE 6 Miles SE 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 1

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>5</u>
<u>Sand</u>	<u>5</u>	<u>50</u>

RECEIVED
JAN 27 2003
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 <u>50</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>40</u>
Type of Casing <u>Sch 40</u>	Hole Depth <u>50</u>	Depth to Static Water Level <u>30</u>
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 <u>10</u> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or Mix		

SCREEN DATA

Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>#8</u>
Screen Type <u>Sch 40</u>	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.

Johnny Pearson
Signature of Licensed Driller and License No. D-656

1-19-03
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
5	2	_____ 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.