

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 N-2035	CODED
DATE WELL COMPLETED 12-10-01	

PERMIT NUMBER
NAME OF DRILLING FIRM Bodnes Water Well

NAME & MAILING ADDRESS OF LANDOWNER Aubrey Ladner			
75 Aubrey Ladner Rd			
Latitude:			
Longitude: Poplarville, MS 39470			
WELL LOCATION	SEC 11	TOWNSHIP 3 N	RANGE 14 E
DISTANCE 9 Miles	DIRECTION E	NEAREST TOWN 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="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>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	8
sand	8	98

WELL DATA

Well Depth 98	Casing Diameter (In.) 4	Casing Length (Ft.) 78
Type of Casing SCH40	Hole Depth 98	Depth to Static Water Level 40
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 SCH40	Depth to Bottom - Feet	

RECEIVED

FEB 04 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

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 Jr
Signature of Licensed Driller and License No.
D-656

1-20-02
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.