

# 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  
PEARCE RIVER

WELL NUMBER 0-40 CODED

DATE WELL COMPLETED  
4/20/03

PERMIT NUMBER  
0-519

NAME OF DRILLING FIRM  
BURGEWELL SERVICE

NAME & MAILING ADDRESS OF LANDOWNER  
SCOTT GILL

Hwy 43 NORTH AT HENLEE FIELD ON FIRST RD TO RIGHT

Latitude: PASSADUMBOUR  
Longitude:

WELL LOCATION: SEC 22 TOWNSHIP 4 RANGE 18

DISTANCE 15 Miles DIRECTION NORTH of PICATYUNE

OTHER LANDMARK  
Hwy 43 FIRST RD PASS BY

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

### PUMP DATA

PUMP TYPE (Circle One):  
Submersible, Turbine, Jet,  Flowing Well,  
Other (Describe) NONE

POWER TYPE (Circle One):  
Electric, Tractor, Diesel, Gasoline, Butane,  
Other (Describe) \_\_\_\_\_ H/P \_\_\_\_\_

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>RED CLAY</u>	<u>0</u>	<u>15</u>
<u>WHITESAND</u>	<u>15</u>	<u>25</u>
<u>SAND RED</u>	<u>25</u>	<u>40</u>
<u>SAND + ROCKS</u>	<u>40</u>	<u>90</u>

### WELL DATA

Well Depth <u>90'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>90'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>90'</u>	Depth to Static Water Level <u>60'</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) <u>APIE</u>		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

### SCREEN DATA

Diameter - Inches <u>4</u>	Length - Feet <u>20'</u>	Slot Size - Inches <u>#12</u>
Screen Type <u>SLOT</u>	Depth to Bottom - Feet <u>90'</u>	

Top of Lap Pipe or Reduction in Casing

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

RECEIVED

MAY 27 2003

BY: OLWR

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.

John R. By  
Signature of Licensed Driller and License No.

5-22-03  
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

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.