

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Bureau of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <i>Pearl River</i>	
WELL NUMBER <i>CD</i>	CODED
<i>2175</i>	
DATE WELL COMPLETED <i>12-16-93</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Boones Water Well</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>John Berges</i> <i>133 Lyburn Hill Rd.</i>			
WELL LOCATION:	SEC <i>25</i>	TOWNSHIP <i>4</i>	RANGE <i>N 18 E</i>
DISTANCE <i>6</i> Miles	DIRECTION <i>W</i>	NEAREST TOWN <i>McNeel</i>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> 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>		
Pump Capacity (GPM)	No. of Stages	Setting Depth  FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>228</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>208</i>
Type of Casing <i>sch 40</i>	Hole Depth <i>228</i>	Depth to Static Water Level
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 _____		
Top of Lap Pipe or Reduction in Casing  FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

LOG DATA	
TYPE OF LOG RUN (Circle One): <input type="checkbox"/> No Log Run, <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input type="checkbox"/> Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>8</i>
Screen Type <i>sch 40</i>	Depth to Bottom - Feet	

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>Clay</i>	<i>0</i>	<i>50</i>	<b>RECEIVED</b> <i>NOV 10 1994</i>  Dept. of Environmental Quality Office of Land & Water Resources		
<i>Sand</i>	<i>50</i>	<i>80</i>			
<i>Clay</i>	<i>80</i>	<i>190</i>			
<i>Sand</i>	<i>190</i>	<i>228</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please  
sketch and show depths.

GROUND LEVEL


SECTION \_\_\_\_\_

Please indicate well location X.

ADDITIONAL INFORMATION

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