

**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 <u>P-2175</u>	CODED
DATE WELL COMPLETED <u>8-14-01</u>	

PERMIT NUMBER

NAME OF DRILLING FIRM  
Bones Water Well

NAME & MAILING ADDRESS OF LANDOWNER  
Don Burge  
53 Don Burge Rd

Latitude:  
Longitude: Carriere, MS 39426

WELL LOCATION. SEC 27 TOWNSHIP 4 RANGE 17 <sup>N</sup> <sub>W</sub> <sup>E</sup>

DISTANCE 2 MILES DIRECTION W of NEAREST TOWN McNeil

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>Sand + Gravel</u>	<u>0</u>	<u>65</u>
<u>Clay</u>	<u>65</u>	<u>1100</u>
<u>sand</u>	<u>1100</u>	<u>220</u>

**WELL DATA**

Well Depth: <u>220</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>200</u>
Type of Casing <u>Sch 40</u>	Hole Depth <u>220</u>	Depth to Static Water Level <u>60</u>

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

WELL GROUTED TO A DEPTH OF 10 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>#8</u>
Screen Type <u>Sch 40</u>	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  
Signature of Licensed Driller and License No. 0-656

9-25-01  
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.
20			
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.