

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 <u>Pearl River</u>	
WELL NUMBER <u>R-2053</u>	CODED
DATE WELL COMPLETED <u>8-24-01</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Bones Waterwell</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Elizabeth Gilbert</u>			
<u>199 Gilbert Lake Rd</u>			
Latitude:			
Longitude: <u>Poplarville, ms 39470</u>			
WELL LOCATION.	SEC	TOWNSHIP	RANGE
	<u>23</u>	<u>4</u>	<u>N 15 E</u>
DISTANCE	DIRECTION		NEAREST TOWN
<u>3</u> Miles	<u>SE</u> of		<u>Savannah</u>
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>8</u>
<u>Sand</u>	<u>8</u>	<u>100</u>

WELL DATA

Well Depth <u>60</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>50</u>
Type of Casing <u>SCH 40</u>	Hole Depth <u>60</u>	Depth to Static Water Level <u>40</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 FEET</u> Type Grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> 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	

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.

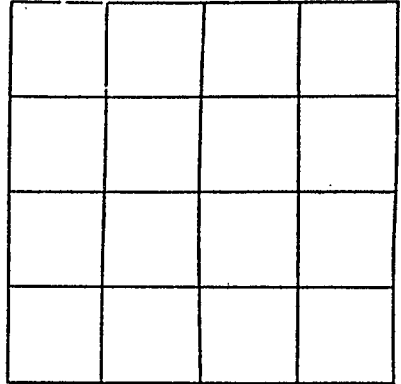
Signature of Licensed Driller and License No.
Johnny Pearson Jr.
0-656

9-25-01

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 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

*Drill + set
Casing only*

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