

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 R-2054	CODED
DATE WELL COMPLETED 5-10-02	

PERMIT NUMBER
NAME OF DRILLING FIRM Boones Water Well

NAME & MAILING ADDRESS OF LANDOWNER Gary Stenger 156 3 Ponds Rd			
Latitude: Longitude: Poplarville, ms 39470			
WELL LOCATION.	SEC 11	TOWNSHIP 4 N	RANGE 15 E
DISTANCE 5 Miles	DIRECTION S	NEAREST TOWN of Poplarville	
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
Clay	15	80
Sand	80	100
Clay	100	140
Sand	140	170

RECEIVED
RECEIVED
 AUG 27 2002
 AUG 27 2002
 BY: OLWR
 BY: OLWR

WELL DATA		
Well Depth 170	Casing Diameter (In.) 4	Casing Length (Ft.) 150
Type of Casing Sch 40	Hole Depth 170	Depth to Static Water Level 80
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 Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 4	Length - Feet 20	Slot Size - Inches #8
Screen Type Sch 40	Depth to Bottom - Feet	

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. D-656

6-18-02
 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)	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

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