

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>Perry</u>	
WELL NUMBER <u>R 2011</u>	CODED
DATE WELL COMPLETED <u>9-1-95</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Boone's Water Well</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>John Jordan</u> # <u>9 Bellinger Rd.</u> <u>Janice Mo.</u>			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	<u>26</u>	<u>1</u>	<u>10</u>
		<u>N</u> <u>S</u>	<u>E</u> <u>W</u>
DISTANCE	DIRECTION	NEAREST TOWN	
_____ Miles	_____ of _____		
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____		
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 <u>100</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>90</u>
Type of Casing <u>sch 40</u>	Hole Depth <u>100</u>	Depth to Static Water Level <u>6.2</u>

LOG DATA	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ No Log Run, _____	
Name of Organization Running Log	

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

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

WELL GROUTED TO A DEPTH OF 6 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

Driller's Remarks
Top of Lap Pipe or Reduction in Casing <u>2 FEET</u> IF TELESCOPED OR MORE THAN ONE SCREEN, USE BACK PAGE

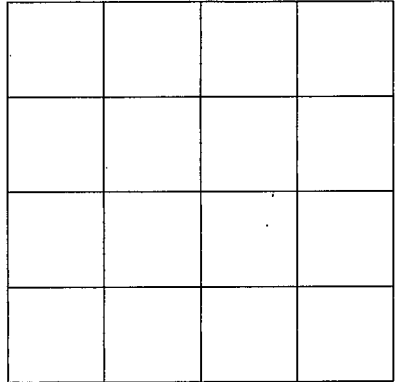
SCREEN DATA		
Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>8</u>
Screen Type <u>sch 40</u>	Depth to Bottom - Feet	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<u>Clay</u>	<u>0</u>	<u>30</u>			
<u>sand</u>	<u>30</u>	<u>90</u>			
			<u>JAN 29 1995</u>		
			Dept. of Environmental Quality Office of Land & Water Resources		

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.