

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 <i>B-103</i>	CODED
DATE WELL COMPLETED <i>4-29-04</i>	

PERMIT NUMBER <i>MS 0-698 BT</i>
NAME OF DRILLING FIRM <i>TOTAL SERVICE CO INC</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>LARRY MORGAN</i>			
<i>Booneville MS</i>			
<i>305 Carlisle Lane 38829</i>			
Latitude:	<i>N 34° 41" 802'</i>		
Longitude:	<i>W 88° 33" 391'</i>		
WELL LOCATION	SEC <i>15</i>	TOWNSHIP <i>4</i>	RANGE <i>7</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>3</i>	Miles <i>North</i>	of <i>Booneville</i>	
OTHER LANDMARK			

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Geothermal Heat & Cooling

WELL DATA		
Well Depth <i>228</i>	Casing Diameter (In.) <i>NONE</i>	Casing Length (Ft.) <i>NONE</i>
Type of Casing <i>NONE</i>	Hole Depth <i>228</i>	Depth to Static Water Level <i>NONE</i>
TYPE OF COMPLETION: (Circle One or More):		
Gravel Packed, _____	Underreamed, _____	Telescoped, _____
Natural Development, _____	Open Hole, _____	(Other) <u><i>Geothermal Borehole</i></u>

WELL GROUTED TO A DEPTH OF *15* FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
Screen Type	Depth to Bottom - Feet	

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 _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
0-60		
<i>SAND & BROWN CLAY</i>	<i>0</i>	<i>60</i>
<i>GRAY CLAY</i>	<i>61</i>	<i>88</i>
<i>Rock</i>	<i>89</i>	<i>93</i>
<i>GRAY CLAY AND BLACKS SAND</i>	<i>94</i>	<i>228</i>
RECEIVED		
MAY 11 2004		
BY: OLWF		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

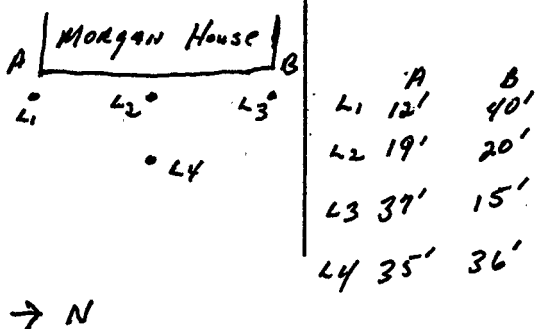
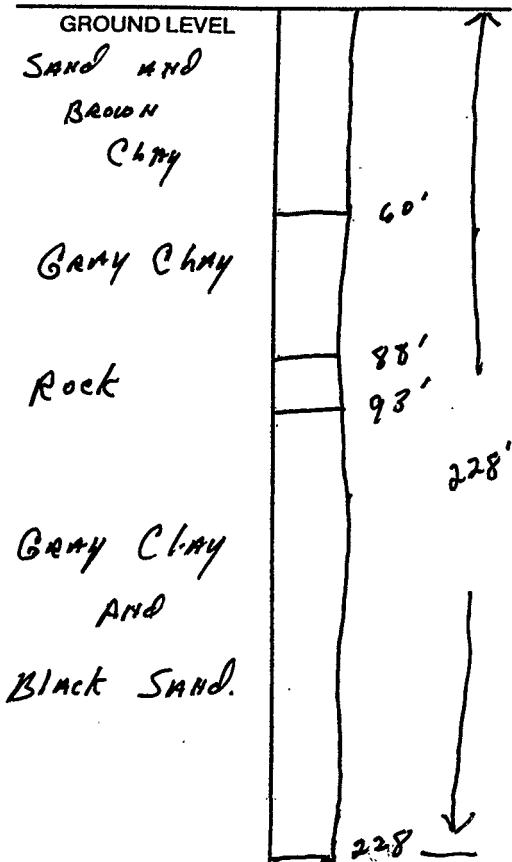
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Fred Raymont *0-698 BT*
Signature of Licensed Driller and License No.

4-30-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.



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

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

H Bore Holes 228'