

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Bureau of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <b>Stone</b>	
WELL NUMBER <b>A</b>	CODED
DATE WELL COMPLETED <b>2020</b> <b>6-19-92</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Boone's WaterWell</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>LA, MISS. LTD</b> <b>91 Virgil Smith Rd</b>			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	<b>32</b>	<b>2</b>	<b>N 13</b>
DISTANCE	DIRECTION	NEAREST TOWN	
<b>9</b> Miles	<b>E</b>	of <b>Poplarville</b>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> 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		

<b>WELL DATA</b>		
Well Depth <b>85</b>	Casing Diameter (In.) <b>4</b>	Casing Length (Ft.) <b>65</b>
Type of Casing <b>sch 40</b>	Hole Depth <b>85</b>	Depth to Static Water Level
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) _____		
Top of Lap Pipe or Reduction in Casing		
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): <input type="checkbox"/> No Log Run, <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input type="checkbox"/> Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <b>4</b>	Length - Feet <b>20</b>	Slot Size - Inches <b>#10</b>
Screen Type <b>sch 40</b>	Depth to Bottom - Feet	

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

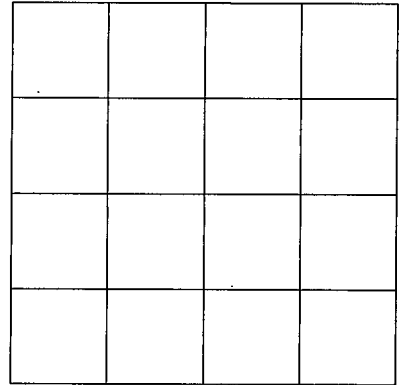
Driller's Remarks <b>Drill + Set Casing</b>
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DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<b>clay</b>	<b>0</b>	<b>25</b>	<b>RECEIVED</b> <b>SEP 10 1992</b> <b>Dept. of Environmental Quality</b> <b>Bureau of Land &amp; Water Resources</b>		
<b>sand</b>	<b>25</b>	<b>85</b>			

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.