

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
Stone

WELL NUMBER
E-6058

CODED

DATE WELL COMPLETED
10-10-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Boone's Water Well

NAME & MAILING ADDRESS OF LANDOWNER
Joseph Hilby

30 Diamond Raider Rd

Latitude:

Longitude: *Perkinston, MS 39573*

WELL LOCATION. SEC *13* TOWNSHIP *3* RANGE *N 13 E*

DISTANCE *7* Miles DIRECTION *W* of NEAREST TOWN *Wiggins*

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 |
|---------------------------------------|------------|------------|
| <i>Clay</i> | <i>0</i> | <i>12</i> |
| <i>Sand + Gravel</i> | <i>112</i> | <i>115</i> |
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RECEIVED

AUG 27 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELOSEPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

| | | |
|---------------------------------|-----------------------------------|--|
| Well Depth <i>115</i> | Casing Diameter (In.) <i>4</i> | Casing Length (Ft.) <i>95</i> |
| Type of Casing <i>Sch 40</i> | Hole Depth <i>115</i> | Depth to Static Water Level <i>60</i> |

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

WELL GROUDED TO A DEPTH OF *10* FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

| | | |
|-------------------------------|----------------------------|--------------------------------|
| Diameter - Inches <i>4</i> | Length - Feet <i>20</i> | SJ# Size - Inches <i>#8</i> |
| Screen Type <i>Sch 40</i> | Depth to Bottom - Feet | |

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. *0-1056*

7-18-02
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|--|--|--|--|
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| | | | |
| | | | |
| | | | |

SECTION _____

Please indicate well location X.

| | | |
|---------------------|---------------|---------------|
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| 20 | | _____ 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

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