

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-2059 CODED

DATE WELL COMPLETED
4-12-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Bones Water Well

NAME & MAILING ADDRESS OF LANDOWNER
Ronald Crosby
Grady Diamond Rd

Latitude:
Longitude: Perrinstan, MS 39573

WELL LOCATION: SECTION 12 TOWNSHIP 3 N RANGE 14 E

DISTANCE 7 Miles DIRECTION W 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 |
|---------------------------------------|-----------|-----------|
| <u>Clay</u> | <u>0</u> | <u>15</u> |
| <u>Sand & Gravel</u> | <u>15</u> | <u>50</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

RECEIVED

APR 27 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

WELL DATA

| | | |
|---------------------------------|-----------------------------------|--|
| Well Depth <u>50</u> | Casing Diameter (In.) <u>2</u> | Casing Length (Ft.) <u>40</u> |
| Type of Casing <u>Sch 40</u> | Hole Depth <u>50</u> | Depth to Static Water Level <u>12</u> |

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

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

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 | |

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

5-16-02
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 |
| 5 | 2 | _____ 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.