

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 Stone	
WELL NUMBER CT	CODED
DATE WELL COMPLETED 7-11-94	

PERMIT NUMBER
NAME OF DRILLING FIRM Boones Water Well

NAME & MAILING ADDRESS OF LANDOWNER Jodd Parker			
New Land			
No Address			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	6	3	N 11 E
DISTANCE	DIRECTION	NEAREST TOWN	
2 Miles	S	of Wiggins	
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.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Jet Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 1		
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 40	Casing Diameter (In.) 2	Casing Length (Ft.) 30
Type of Casing sch 40	Hole Depth 40	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		
Top of Lap Pipe or Reduction in Casing FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

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

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

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATION CONTINUED	FORM / TO
Clay Sand	0	10	RECEIVED	
	10	40		
			NOV 14 1994	
			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.