

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 <u>Stone</u> | |
| WELL NUMBER <u>G</u> | CODED |
| <u>2128</u> | |
| DATE WELL COMPLETED <u>1-10-95</u> | |

| |
|--|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <u>Boone's Water Well</u> |

| | | | |
|--|-----------|----------------------|-----------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <u>Sylvia Odem</u> | | | |
| | | | |
| | | | |
| WELL LOCATION: SEC | TOWNSHIP | RANGE | |
| <u>30</u> | <u>3</u> | <u>N</u> <u>S</u> | <u>11</u> <u>W</u> |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| <u>4</u> Miles | <u>5</u> | of <u>Perkington</u> | |
| 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): <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 <u>1</u> | | | |
| 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 <u>265</u> | Casing Diameter (In.) <u>4</u> | Casing Length (Ft.) <u>245</u> |
| Type of Casing <u>mh40</u> | Hole Depth <u>265</u> | 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) _____ | | |
| WELL GROUTED TO A DEPTH OF <u>5</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix | | |

| | |
|--|--|
| LOG DATA | |
| 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 | |

| | | | |
|--|---------------|----------------|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |

| | | |
|-------------------------------|----------------------------|--------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <u>4</u> | Length - Feet <u>20</u> | Slot Size - Inches <u>8</u> |
| Screen Type <u>och 40</u> | Depth to Bottom - Feet | |

| | |
|--|--|
| Driller's Remarks | |
| | |
| Top of Lap Pipe or Reduction in Casing | |
| FEET | IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| <u>Clay</u> | <u>0</u> | <u>30</u> |
| <u>Sand</u> | <u>30</u> | <u>60</u> |
| <u>Clay</u> | <u>60</u> | <u>210</u> |
| <u>Sand</u> | <u>210</u> | <u>265</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| FORMATIONS (Continued) | FROM | TO |
|--|------|----|
| RECEIVED | | |
| JUN 12 1995 | | |
| 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.