

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>H-41</u>	CODED
DATE WELL COMPLETED <u>5-20-03</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER <u>David Perry</u>			
<u>1415 King Bee Rd</u>			
Latitude: _____ Longitude: <u>Perkingston, Ms 39573</u>			
WELL LOCATION	SEC <u>8</u>	TOWNSHIP <u>3 N</u>	RANGE <u>10 E</u>
DISTANCE <u>10</u> Miles	DIRECTION <u>SE</u>	NEAREST TOWN <u>Wiggins</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA			
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____			
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>10</u>
<u>Sand</u>	<u>10</u>	<u>90</u>

WELL DATA

Well Depth <u>90</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>70</u>
Type of Casing <u>SCH40</u>	Hole Depth <u>90</u>	Depth to Static Water Level <u>35</u>
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 GROUDED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>4</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>#8</u>
Screen Type <u>SCH40</u>		Depth to Bottom - Feet

Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED
JUN 11 2003
BY: OLWR

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. D1656

6-9-03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

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): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	No Log Run
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.