

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	CODED
<u>324-04</u>	
DATE WELL COMPLETED <u>K-23</u>	

PERMIT NUMBER

NAME OF DRILLING FIRM
Moore's Water Well Service

31R Moore Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Myrliss Wallace

292 West McHenry ^{RD #5}

Latitude: Perkins Stn, MS 39503

Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>7</u>	<u>4</u>	<u>S 12</u>
DISTANCE	DIRECTION		NEAREST TOWN
<u>14</u> Miles	<u>West</u>		<u>Perkinston</u>

OTHER LANDMARK
2 miles East of Bolon's Creek Church

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 _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>top soil</u>	<u>1'</u>	<u>2'</u>
<u>red sandy clay</u>	<u>2'</u>	<u>20'</u>
<u>white soapstone</u>	<u>20'</u>	<u>60'</u>
<u>blue soapstone</u>	<u>60'</u>	<u>110'</u>
<u>blue fine sand</u>	<u>110'</u>	<u>150'</u>
<u>coarse white sand</u>	<u>150'</u>	<u>182'</u>

RECEIVED

APR 12 2004

BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

Well Depth <u>182'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>172'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>182'</u>	Depth to Static Water Level <u>51'</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>.08</u>
Screen Type <u>PVC sch 40</u>	Depth to Bottom - Feet <u>182'</u>	

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.

Donald R. Moore 0-533
Signature of Licensed Driller and License No.

4-9-04
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	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.