

**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 <b>STONE</b>	
WELL NUMBER <b>L</b>	CODED
DATE WELL COMPLETED <b>2048</b> <b>1-9-94</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>BOONES</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Greg Brian Hall</b> <b>73 LAWSON O'NEAL RD</b>			
WELL LOCATION: SEC	TOWNSHIP	RANGE	
<b>4</b>	<b>4</b>	<b>(S) 11 (W)</b>	
DISTANCE	DIRECTION	NEAREST TOWN	
<b>4</b> Miles	<b>SE</b>	of <b>Peckinsto</b>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <b>1</b>		
Pump Capacity (GPM)	No. of Stages	Setting Depth  <b>FT.</b>
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>240</b>	Casing Diameter (In.) <b>4</b>	Casing Length (Ft.) <b>220</b>
Type of Casing <b>sch 40</b>	Hole Depth <b>240</b>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		
Top of Lap Pipe or Reduction in Casing  <b>FEET</b> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): <input type="radio"/> No Log Run, <input type="radio"/> Electric, <input type="radio"/> Gamma Ray, <input type="radio"/> Density, <input type="radio"/> Sonic, <input type="radio"/> Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <b>4</b>	Length - Feet <b>20</b>	Slot Size - Inches <b>± 8</b>
Screen Type <b>sch 40</b>	Depth to Bottom - Feet	

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<b>Clay</b>	<b>0</b>	<b>90</b>
<b>Sand</b>	<b>90</b>	<b>105</b>
<b>Clay</b>	<b>105</b>	<b>125</b>
<b>Sand</b>	<b>125</b>	<b>140</b>
<b>Clay</b>	<b>140</b>	<b>215</b>
<b>Sand</b>	<b>215</b>	<b>240</b>

FORMATIONS (Continued)	FROM	TO
<b>RECEIVED</b>		
<b>NOV 10 1994</b>		
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.