

**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<br><i>Jackson</i> |       |
| WELL NUMBER<br><i>D-110</i>           | CODED |
| DATE WELL COMPLETED<br><i>7-25-02</i> |       |

|   |
|---|
| PERMIT NUMBER                               |
| NAME OF DRILLING FIRM<br><i>Pierce Well</i> |

|  |           |          |                           |
|--|-----------|----------|---------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER<br><i>Dee Gawn<br/>Hurley, MS</i>  |           |          |                           |
| Latitude:  |           |          |                           |
| Longitude:   |           |          |                           |
| WELL LOCATION  | SEC       | TOWNSHIP | RANGE                     |
|  | <i>28</i> | <i>4</i> | <i>N 5 E</i>              |
| DISTANCE   | DIRECTION |          | NEAREST TOWN              |
| <i>2</i> Miles   | <i>E</i>  |          | <i>or Courthouse Road</i> |
| OTHER LANDMARK   |           |          |                           |
| WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. |           |          |                           |

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

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM       | TO         |
|---------------------------------------|------------|------------|
| <i>Top soil</i>                       | <i>0</i>   | <i>10</i>  |
| <i>Clay</i>                           | <i>10</i>  | <i>20</i>  |
| <i>Sand</i>                           | <i>20</i>  | <i>25</i>  |
| <i>Clay</i>                           | <i>25</i>  | <i>150</i> |
| <i>good Sand</i>                      | <i>150</i> | <i>170</i> |

|   |                                    |   |
|---|------------------------------------|---|
| <b>WELL DATA</b>  |                                    |   |
| Well Depth<br><i>170'</i>   | Casing Diameter (In.)<br><i>2"</i> | Casing Length (Ft.)<br><i>160'</i>        |
| Type of Casing<br><i>plastic</i>  | Hole Depth<br><i>170'</i>          | Depth to Static Water Level<br><i>30'</i> |
| TYPE OF COMPLETION: (Circle One or More):<br>Gravel Packed, Underreamed, Telescoped, <input checked="" type="checkbox"/> Natural Development, Open Hole, Other (Describe) _____ |                                    |   |
| WELL GROUTED TO A DEPTH OF <i>15</i> FEET<br>Type Grout (circle one): Cement, Bentonite, or <input checked="" type="checkbox"/> Mix   |                                    |   |

|                                |                                      |                                  |
|--------------------------------|--------------------------------------|----------------------------------|
| <b>SCREEN DATA</b>             |                                      |                                  |
| Diameter - Inches<br><i>2"</i> | Length - Feet<br><i>10'</i>          | Slot Size - Inches<br><i>006</i> |
| Screen Type<br><i>plastic</i>  | Depth to Bottom - Feet<br><i>170</i> |                                  |

|  |  |
|--|--|
| <b>RECEIVED</b>                        |  |
| <b>DEC 09 2002</b>                     |  |
| <b>BY: OLWR</b>                        |  |
| Top of Lap Pipe or Reduction in Casing | FEET   |
| _____                                  | IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE |

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.

*Michael Pierce 0294*  
Signature of Licensed Driller and License No.

*9-25-02*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION \_\_\_\_\_

Please indicate well location X.

|                     |               |               |     |
|---------------------|---------------|---------------|-----|
| Pump Capacity (GPM) | No. of Stages | Setting Depth |     |
| 10                  | 2             | 60            | FT. |

PUMP TEST

Well yielded 10 GPM with  
 a drawdown of 10 ft.  
 after 1 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.