

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 Jackson	
WELL NUMBER D-143	CODED
DATE WELL COMPLETED 10-29-03	

PERMIT NUMBER
NAME OF DRILLING FIRM Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER W.T. Naremore			
Hinton Rd. Hurley, MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC 20	TOWNSHIP 4	RANGE 5
DISTANCE 2 Miles	DIRECTION N	NEAREST TOWN Hurley	
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): Submersible, Turbine, <input checked="" type="radio"/> Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 1		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	10
Sand + Clay	10	20
Sand	20	24
Clay	24	100
Sand	100	115
RECEIVED		
DEC 03 2003		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
<input checked="" type="radio"/> FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth 115	Casing Diameter (In.) 2"	Casing Length (Ft.) 110
Type of Casing Plastic	Hole Depth 115	Depth to Static Water Level 50'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 15 FEET Type Grout (circle one): Cement, Bentonite, or <input checked="" type="radio"/> Mix		

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 5'	Slot Size - Inches 006
Screen Type Plastic	Depth to Bottom - Feet 115	

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 02916
Signature of Licensed Driller and License No.

10-29-03
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 <u>10</u> GPM with			
a drawdown of <u>10</u> ft.			
after <u>1</u> 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.