

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-163	CODED
DATE WELL COMPLETED 5-29-04	

PERMIT NUMBER
NAME OF DRILLING FIRM Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER Roger Ross Ellis Hamilton Hurley, MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC 29	TOWNSHIP 4^N	RANGE 5^W
DISTANCE 1/4 Miles	DIRECTION E	NEAREST TOWN Ellis Hamilton Rd.	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" 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 1	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP SOIL	0	10
clay	10	20
good sand	20	45
clay	45	65
good sand	65	90

WELL DATA		
Well Depth 90'	Casing Diameter (In.) 2"	Casing Length (Ft.) 80'
Type of Casing Plastic	Mole Depth 90'	Depth to Static Water Level 20'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> 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 10'	Slot Size - Inches 006
Screen Type Plastic	Depth to Bottom - Feet 90'	

RECEIVED	
JUN 11 2004	
BY: OLWR	
Top of Lap Pipe or Reduction in Casing 0 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 0296
Signature of Licensed Driller and License No.

5-29-04
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
10	2	50 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.