

59

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-182	CODED
DATE WELL COMPLETED 11-4-04	

PERMIT NUMBER
NAME OF DRILLING FIRM Pierce

NAME & MAILING ADDRESS OF LANDOWNER Ileen Hoto.ph 8212 section Rd Moss Point, MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC 22	TOWNSHIP 4	RANGE 5
DISTANCE 3 Miles	DIRECTION E	NEAREST TOWN Mobile Co of Line	
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, Jet, Flowing Well, Other (Describe) _____

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P **1**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP SOIL	0	10
Clay	10	20
good sand	20	35

WELL DATA

Well Depth 35'	Casing Diameter (In.) 2"	Casing Length (Ft.) 30'
Type of Casing Plastic	Hole Depth 35'	Depth to Static Water Level 20'
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): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, <input type="checkbox"/> or Mix		

SCREEN DATA

Diameter - inches 2"	Length - feet 5'	Slot Size - inches 006
Screen Type plastic	Depth to Bottom - feet 35	

Top of Lap Pipe or Reduction in Casing **0** FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED
NOV 09 2004
BY: OLWR

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. **11-4-04**
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	25	FT.

PUMP TEST

Well yielded 10 GPM with
 a drawdown of 5 ft.
 after 1 hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One):
 Electric, Gamma Ray, Density, Sonic, No Log Run, 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.