

MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

P.O. Box 10631

Jackson, Mississippi 39209

WATER WELL DRILLERS LOG

COUNTY WELL LOCATED	
Jackson	
WELL NUMBER	CODED
D2107	
DATE WELL COMPLETED	
12-19-90	

PERMIT NUMBER
NAME OF DRILLING FIRM
Pierce

NAME & MAILING ADDRESS OF LANDOWNER		
Mack M & Donald		
P.O. Box		
Hurley Ms		
WELL LOCATION:	SEC	TOWNSHIP
	33	4 N
		5 E
DISTANCE	DIRECTION	NEAREST TOWN
1/4 Miles	East of	Hurley
OTHER LANDMARK		
WELL PURPOSE: <input checked="" type="checkbox"/> Home 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="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____		
Pump Capacity (GPM)	No. of Stages	Setting Depth
12	2	40 FT.
PUMP TEST		
Well yielded _____ 12 _____ GPM with a drawdown of _____ 5 _____ ft. after _____ 1 _____ hours of pumping		

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
45'	2"	40'
Type of Casing	Hole Depth	Depth to Static Water Level
Plastic	45'	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		
Top of Lap Pipe or Reduction in Casing		
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

LOG DATA	
TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
2"	5'	006
Screen Type	Depth to Bottom - Feet	
Plastic	45'	

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
Top soil	0	10	RECEIVED		
Clay + Sand	10	20			
Good Sand	20	45			
			MAR 13 1990		
			Department of Natural Resources		
			Bureau 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

RECORDED
 1957
 FEDERAL BUREAU OF INVESTIGATION
 WASHINGTON, D. C.

If more than one screen,
 show location of each on sketch.