

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-2003** CODED

DATE WELL COMPLETED
11-20-01

PERMIT NUMBER

NAME OF DRILLING FIRM
Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER
**Jimmy Larson
Hurley, MS**

Latitude:
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE
17 4 N 5 E

DISTANCE DIRECTION NEAREST TOWN
3 Mies S of GChne

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, 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	45

RECEIVED

FEB 06 2002

BY: OLWR

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

WELL DATA

Well Depth **45'** Casing Diameter (In.) **2"** Casing Length (Ft.) **40'**

Type of Casing **45 Plastic** Hole Depth **45'** Depth to Static Water Level **20**

TYPE OF COMPLETION: (Circle One or More):
~~Natural Development~~ Gravel Packed, Underreamed, Telescoped, Open Hole, Other

(Describe) _____

WELL GROUTED TO A DEPTH OF **15 FEET**
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches **2"** Length - Feet **5'** Slot Size - Inches **006**

Screen Type **Plastic** Depth to Bottom - Feet **45'**

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.

02-02-02
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	FT.
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PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft. after _____ 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.