

**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 <i>Jackson</i>	
WELL NO. <i>2922</i>	JOED
DATE WELL COMPLETED <i>6-25-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Pierce Well</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Kenneth Cumbest</i>			
<i>Rainey Farm Rd. Moss Point MS</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>9</i>	<i>4</i>	<i>N 5 E</i>
DISTANCE	DIRECTION		NEAREST TOWN
	<i>South</i>		<i>Janner</i>
OTHER LANDMARK <i>William Rd</i>			
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
<i>top soil</i>	<i>0</i>	<i>10</i>
<i>red clay</i>	<i>10</i>	<i>20</i>
<i>good sand</i>	<i>20</i>	<i>35</i>

**WELL DATA**

Well Depth <i>35'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (FL) <i>30'</i>
Type of Casing <i>Plastic</i>	Hole Depth <i>35'</i>	Depth to Static Water Level <i>20'</i>

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

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

**SCREEN DATA**

Diameter - Inches <i>2"</i>	Length - Feet <i>5'</i>	Slot Size - Inches <i>004</i>
Screen Type <i>Plastic</i>		Depth to Bottom - Feet <i>35'</i>

**RECEIVED**

**AUG 07 2002**

**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.

*6-25-02*  
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
10	2	20 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): 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

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