

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
F-179

DATE WELL COMPLETED
10-15-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER
**Renee Morgan
Plantation Rd.
Vanceleave, MS**

Latitude:

Longitude:

| WELL LOCATION | SEC | TOWNSHIP | RANGE |
|---------------|-----------|----------|----------|
| | 31 | 5 | 7 |

DISTANCE **1/2** Miles DIRECTION **W** NEAREST TOWN **Hwy 57**

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 2**

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| TOP SOIL | 0 | 10 |
| Clay | 10 | 25 |
| Sand | 25 | 75 |
| clay | 75 | 100 |
| sand | 100 | 130 |

RECEIVED
OCT 29 2003
BY: OLWR

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

WELL DATA

| | | |
|----------------------------------|------------------------------------|---|
| Well Depth 130' | Casing Diameter (In.) 2" | Casing Length (Ft.) 120' |
| Type of Casing Plastic | Hole Depth 130' | Depth to Static Water Level 50' |

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 2" | Length - Feet 10' | Slot Size - Inches 206 |
| Screen Type Plastic | Depth to Bottom - Feet 130 | |

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 02916
Signature of Licensed Driller and License No.

10/15/03
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) 10 | No. of Stages 3 | Setting Depth 60 | FT. |
| PUMP TEST | | | |
| Well yielded <u>10</u> GPM with | | | |
| a drawdown of <u>10</u> ft. | | | |
| after <u>1</u> hours of pumping | | | |

LOG DATA

| | |
|--|--------------------|
| TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ | <u>No Log Run.</u> |
| 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.