

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Bureau of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WELL LOCATED
Jackson

WELL NUMBER
F 2219

CODED

DATE WELL COMPLETED
8-18-92

PERMIT NUMBER

NAME OF DRILLING FIRM
Pierce Drilling

NAME & MAILING ADDRESS OF LANDOWNER
Harry Hammons

Vandave Ms

WELL LOCATION: SEC' TOWNSHIP RANGE
36 5 N 7 W

DISTANCE DIRECTION NEAREST TOWN
3 Miles N of Vandave

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*

Pump Capacity (GPM) No. of Stages Setting Depth
10 2 50 FT.

PUMP TEST

Well yielded *8* GPM with
a drawdown of *10* ft.
after *1* hours of pumping

WELL DATA

| | | |
|----------------------------------|------------------------------------|--|
| Well Depth <i>65'</i> | Casing Diameter (In.) <i>2"</i> | Casing Length (Ft.) <i>60'</i> |
| Type of Casing <i>Plastic</i> | Hole Depth <i>65'</i> | Depth to Static Water Level <i>40</i> |

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

Top of Lap Pipe or Reduction in Casing
— FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

LOG DATA

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

Name of Organization Running Log

SCREEN DATA

| | | |
|--------------------------------|-------------------------------------|----------------------------------|
| Diameter - Inches <i>2"</i> | Length - Feet <i>5</i> | Slot Size - Inches <i>006</i> |
| Screen Type <i>Plastic</i> | Depth to Bottom - Feet <i>65</i> | |

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 |
|---------------------------------------|-----------|-----------|
| <i>Top Soil</i> | <i>0</i> | <i>10</i> |
| <i>Clay</i> | <i>10</i> | <i>30</i> |
| <i>good Sand</i> | <i>30</i> | <i>65</i> |
| | | |
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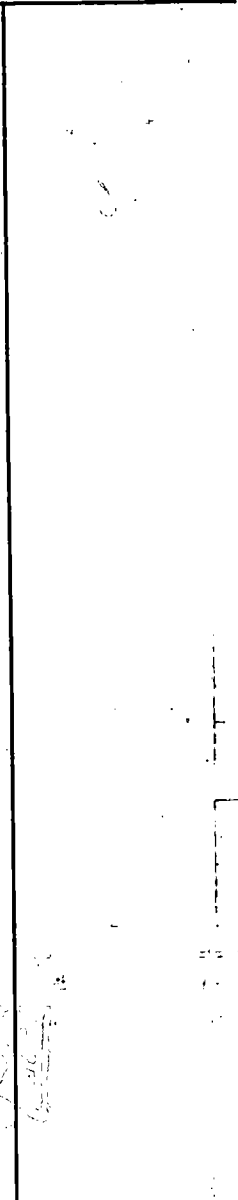
| FORMATIONS (Continued) | FROM | TO |
|--|------|----|
| RECEIVED | | |
| NOV 25 1992 | | |
| Dept. of Environmental Quality Bureau of Land & Water Resources | | |
| | | |
| | | |
| | | |
| | | |

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

M-1-1

GROUND LEVEL



| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED
U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C.

Division of Hydrologic Sciences
U.S. Geological Survey

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