

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 H-96 CODED

DATE WELL COMPLETED  
2-20-04

PERMIT NUMBER

NAME OF DRILLING FIRM  
Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER  
Synthia Shumock  
Rayford Shumock Rd.  
Hurley, MS

Latitude:  
Longitude:

WELL LOCATION: SEC 13 TOWNSHIP 5 N RANGE 5 E W

DISTANCE 1 1/2 Miles DIRECTION W of NEAREST TOWN Mobile Co. line

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>10</u>
<u>Clay</u>	<u>10</u>	<u>60</u>
<u>Sand</u>	<u>60</u>	<u>120</u>
<u>Clay</u>	<u>120</u>	<u>150</u>
<u>good Sand</u>	<u>150</u>	<u>210</u>

Flowing

Free

RECEIVED

FEB 25 2004

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 <u>210'</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>200</u>
Type of Casing <u>Plastic</u>	Hole Depth <u>210'</u>	Depth to Static Water Level <u>Free Flowing 206 ft</u>

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 <u>2"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>006</u>
Screen Type <u>plastic</u>	Depth to Bottom - Feet <u>210</u>	

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.

RECEIVED

Michael Pierce 0296  
Signature of Licensed Driller and License No.

FEB 25 2004 2-20-04  
Date

BY: OLWR

Additional Information Required On Back

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

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