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-2185
CODED	
PERMIT NUMBER	
NAME OF DRILLING FIRM	Pierce Well
DATE WELL COMPLETED	9-6-00

NAME & MAILING ADDRESS OF LANDOWNER
Roy Crane
Park Ridge
Hurley, MS

WELL LOCATION — SEC: 16 TOWNSHIP: 5 (S) N RANGE: 5 (W) E

DISTANCE: 3 Miles DIRECTION: 5 of NEAREST TOWN: Hurley

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

Pump Capacity (GPM)	No. of Stages	Setting Depth
10	3	80' FT.

PUMP TEST
Well yielded 10 GPM with a drawdown of 10 ft. after 1 hours of pumping

WELL DATA

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
385'	2"	375

Type of Casing	Hole Depth	Depth to Static Water Level
Plastic	385'	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	Length - Feet	Slot Size - Inches
2"	10 ft	006

Screen Type	Depth to Bottom - Feet
Plastic	385'

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

RECEIVED
OCT 18 2000
Dept. of Environmental Quality
Office of Land & Water Resources

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top soil	0	10
Clay	10	20
good Sand	20	45
Clay	45	65
Sand	65	85
Clay	85	360
good Sand	360	385

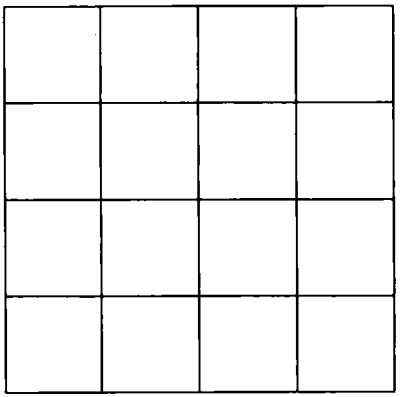
FORMATIONS (Continued)	FROM	TO

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

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



SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION