

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 <u>Jackson</u>	
WELL NUMBER <u>H-2217</u>	CODED
DATE WELL COMPLETED <u>12-2-01</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER <u>Don Farris</u>			
<u>Hurley, Ms</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>10</u>	<u>5</u> ^N	<u>5</u> ^W
DISTANCE	DIRECTION	NEAREST TOWN	
<u>3</u> Miles	<u>S</u>	of <u>Hurley</u>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> , 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>20</u>
<u>good Sand</u>	<u>20</u>	<u>50</u>

WELL DATA		
Well Depth <u>50'</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>40'</u>
Type of Casing <u>Plastic</u>	Hole Depth <u>50'</u>	Depth to Static Water Level <u>20'</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>15</u> FEET Type Grout (circle one): Cement, Bentonite, or <u>Mix</u>		

RECEIVED
FEB 06 2002
BY: OLWR

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>006</u>
Screen Type <u>Plastic</u>	Depth to Bottom - Feet <u>50</u>	

Top of Lap Pipe or Reduction in Casing <u>0</u> FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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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.

02-02-02
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)	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

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