

**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-2223</u>	CODED
DATE WELL COMPLETED <u>4-15-92</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER <u>Bart Buckley</u> <u>Big Point, MS</u> Latitude: Longitude:
WELL LOCATION: SEC TOWNSHIP RANGE <u>27</u> <u>5</u> ^N <u>5</u> ^W
DISTANCE DIRECTION NEAREST TOWN <u>in Big Point</u>
Miles of
OTHER LANDMARK
WELL PURPOSE: Home, <u>Irrigation</u> , Municipal, Industrial, Fish Pond, etc.

PUMP DATA	
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, Turbine, Jet Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>5</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>top soil</u>	<u>0</u>	<u>10</u>
<u>clay</u>	<u>10</u>	<u>25</u>
<u>good sand</u>	<u>25</u>	<u>90</u>

WELL DATA

Well Depth <u>90'</u>	Casing Diameter, (In.) <u>4"</u>	Casing Length (Ft.) <u>60'</u>
Type of Casing <u>Plastic</u>	Hole Depth <u>90'</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 <input checked="" type="checkbox"/> Mix		

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>30'</u>	Slot Size - Inches <u>006</u>
Screen Type <u>Plastic</u>	Depth to Bottom - Feet <u>90'</u>	

RECEIVED

MAY 28 2002

BY: OLWR

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

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 0-296
Signature of Licensed Driller and License No.

4-15-92
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	
100	9	80	FT.

PUMP TEST

Well yielded 100 GPM with
 a drawdown of 20 ft.
 after 1 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.