

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 K-402	CODED
DATE WELL COMPLETED H-25-04	

PERMIT NUMBER
NAME OF DRILLING FIRM Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER Avida Cowart 10202 Cav Rd. Vanceleave, ms			
Latitude:			
Longitude:			
WELL LOCATION:	SEC 11	TOWNSHIP 6 N	RANGE 7 E
DISTANCE 2 Miles	DIRECTION E	NEAREST TOWN Vanceleave	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP SOIL	0	10
Clay	10	20
good sand	20	30

RECEIVED
MAY 18 2004
BY: OLWR

WELL DATA		
Well Depth 30'	Casing Diameter (In.) 2"	Casing Length (Ft.) 25'
Type of Casing plastic	Hole Depth 30'	Depth to Static Water Level 10'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <input type="radio"/> Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 15 FEET Type Grout (circle one): Cement, Bentonite, or <input checked="" type="radio"/> Mix		

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 5'	Slot Size - Inches 006
Screen Type Plastic	Depth to Bottom - Feet 30'	

Top of Lap Pipe or Reduction in Casing 0 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.

H-25-04
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
10	2	20	FT.
PUMP TEST			
Well yielded <u>10</u> GPM with			
a drawdown of <u>5</u> ft.			
after <u>1</u> 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.