

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 <i>Jackson</i>	
WELL NUMBER <i>R2629</i>	CODED
DATE WELL COMPLETED <i>10-18-99</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>Ed. Taylor</i>			
<i>Paige Bayou</i>			
<i>Vancehue, Ms</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>24</i>	<i>6</i>	<i>7</i>
		<i>N</i>	<i>E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>2</i> Miles	<i>E</i>	<i>Vancehue</i>	
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): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet, <input type="radio"/> 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 _____		
Pump Capacity (GPM) <i>20</i>	No. of Stages <i>5</i>	Setting Depth <i>80</i> FT.
PUMP TEST		
Well yielded <i>20</i> GPM with a drawdown of <i>10</i> ft. after <i>1</i> hours of pumping		

WELL DATA		
Well Depth <i>125'</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>115</i>
Type of Casing <i>Plastic</i>	Hole Depth <i>125'</i>	Depth to Static Water Level <i>30</i>

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 <i>4"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>004</i>
Screen Type <i>Plastic</i>	Depth to Bottom - Feet <i>125'</i>	

LOG DATA	
TYPE OF LOG RUN (Circle One): <input type="radio"/> Electric, <input type="radio"/> Gamma Ray, <input type="radio"/> Density, <input type="radio"/> Sonic, <input checked="" type="radio"/> 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

Top of Log is _____ feet
 IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top soil</i>	<i>0</i>	<i>10</i>
<i>Clay</i>	<i>10</i>	<i>35</i>
<i>Good sand</i>	<i>35</i>	<i>125</i>

FORMATIONS (Continued)	FROM	TO
<i>NOV 09 1999</i>		
<i>Dept. of Environment Office of Land & Water Resources</i>		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

REGISTRATION

NOV 9 1964

Office of Land & Water Pollution
Control & Enforcement

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