

# 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 <b>Jackson</b>	
WELL NUMBER	CODED
L-1161	
DATE WELL COMPLETED 2-25-04	

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

NAME & MAILING ADDRESS OF LANDOWNER <b>James McKenzie</b> <b>Ballfield Rd.</b> <b>Escatawpa, MS</b>			
Latitude: Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	25	6 S	6 W
DISTANCE	DIRECTION		NEAREST TOWN
1 Miles	E		Hwy 63
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> , Irrigation, Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>	
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	10
Clay	10	25
Sand Good	25	104

<b>WELL DATA</b>		
Well Depth <b>104'</b>	Casing Diameter (in.) <b>2"</b>	Casing Length (ft.) <b>99'</b>
Type of Casing <b>Plastic</b>	Hole Depth <b>104'</b>	Depth to Static Water Level <b>5'</b>

TYPE OF COMPLETION: (Circle One or More):			
<u>Gravel Packed</u>	Underreamed,	Telescoped,	
<u>Natural Development</u>	Open Hole,	Other	
(Describe) _____			
WELL GROUTED TO A DEPTH OF <u>15</u> FEET			
Type Grout (circle one): Cement, Bentonite, or <u>Mix</u>			

<b>SCREEN DATA</b>		
Diameter - Inches <b>2"</b>	Length - Feet <b>5'</b>	Slot Size - Inches <b>006</b>
Screen Type <b>Plastic</b>		Depth to Bottom - Feet <b>104'</b>

<b>RECEIVED</b>
MAR 17 2004
<b>BY: OLWR</b>
Top of Lap Pipe or Reduction in Casing <div style="display: flex; align-items: center;"> <span style="font-size: 2em;">⊖</span> <span style="margin-left: 10px;">FEET</span> </div>
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 0296**  
Signature of Licensed Driller and License No.

**2-25-04**  
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	40	FT.

PUMP TEST

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

**LOG DATA**

TYPE OF LOG RUN (Circle One):  
 Electric, Gamma Ray, Density, No Log Run. 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

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