

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 N-780	CODED
DATE WELL COMPLETED 02-08-03	

PERMIT NUMBER
NAME OF DRILLING FIRM Pierce Well

NAME & MAILING ADDRESS OF LANDOWNER Jarrell Naremore			
Dean Springs, Ms			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	2	8	S 8 E
DISTANCE	DIRECTION	NEAREST TOWN	
3 Miles	S of	Hwy 90	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> 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 1	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top soil	0	10
Clay	10	30
Sand	30	50
Clay	50	140
good Sand	140	170

WELL DATA		
Well Depth 170'	Casing Diameter (in.) 2"	Casing Length (ft.) 160
Type of Casing Plastic	Hole Depth 170'	Depth to Static Water Level 20'
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 15 FEET Type Grout (circle one): Cement, Bentonite, <input checked="" type="radio"/> Mix		

SCREEN DATA		
Diameter - inches 2"	Length - Feet 10'	Slot Size - inches 006
Screen Type Plastic	Depth to Bottom - Feet 170'	

RECEIVED	
FEB 20 2003	
BY: OLWR	
Top of Lap Pipe or Reduction in Casing <input checked="" type="checkbox"/> FEET <input type="checkbox"/> IF TELESKOPED 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.

02-08-03
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	
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): 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.