

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-858	CODED
DATE WELL COMPLETED 3-15-04	

PERMIT NUMBER
NAME OF DRILLING FIRM Here Well

NAME & MAILING ADDRESS OF LANDOWNER Jerald Noremore			
Ocean Springs, Ms			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	2	8 S	8 W
DISTANCE	DIRECTION	NEAREST TOWN	
1 Miles	S	of Old 90 Hwy	
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, Jet Flowing Well,
Other (Describe) _____
POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P **1**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Topsoil	0	10
Clay + Sand	10	30
Clay	30	150
good Sand	150	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): <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 15 FEET Type Grout (circle one): <input type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or <input checked="" type="checkbox"/> Mix		

SCREEN DATA

Diameter - Inches 2"	Length - Feet 10	Slot Size - Inches 004
Screen Type Plastic	Depth to Bottom - Feet 170'	

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

RECEIVED
MAR 31 2004
BY: OLWR

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.

3-15-04
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.