

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-2733	IDED
DATE WELL COMPLETED 7-12-02	

PERMIT NUMBER
NAME OF DRILLING FIRM Pierce Well

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	10
Clay	10	25
sand	25	50
clay	50	100
sand	100	130
Clay	130	150
good sand	150	170

WELL DATA		
Well Depth 170	Casing Diameter (In.) 2 1/2	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, 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 2 1/2	Length - Feet 10'	Slot Size - Inches 006
Screen Type Plastic		Depth to Bottom - Feet 170'

RECEIVED
AUG 07 2002
BY: OLWR

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.

7-12-02
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.