

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 **10009**
 DATE WELL COMPLETED
1-25-99

PERMIT NUMBER
 NAME OF DRILLING FIRM
Pricer Well

NAME & MAILING ADDRESS OF LANDOWNER
David Hendley
Orange Grove
Pascagoula MS

WELL LOCATION SEC TOWNSHIP RANGE
7 7 N 4 E

DISTANCE DIRECTION NEAREST TOWN
1 Miles **W** of **Mobile Co.**

OTHER LANDMARK
line

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
 Home

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**

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

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)
210' **2"** **200'**

Type of Casing Hole Depth Depth to Static Water Level
Plastic **210'** **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 Length - Feet Slot Size - Inches
2" **10'** **006**

Screen Type Depth to Bottom - Feet
Plastic **210**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	10
Clay	10	20
Sand	20	150
Clay	150	160
good Sand	160	210

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 _____

Top of Lap Pipe or Reduction in Casing _____

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

FORMATIONS (Continued)

RECEIVED

MAY 27 1999

Dept of Environmental Quality
 Office of Land & Water Resources

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

RECEIVED

MAR 21 1986

STATE OF TEXAS & WATER RESOURCES
DEPT. OF ENVIRONMENTAL QUALITY

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