

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
Madison

WELL NUMBER
E-127 CODED

DATE WELL COMPLETED
10-15-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Drilling Service Co.

NAME & MAILING ADDRESS OF LANDOWNER
Reps Center
32401
Bill Creek Rd. Pascataigua

Latitude:

Longitude:

WELL LOCATION: SEC 18 TOWNSHIP 6 RANGE 13 E

DISTANCE 2 Miles DIRECTION East of NEAREST TOWN Old Decadeau School

OTHER LANDMARK
Old Decadeau School

WELL PURPOSE (Home Irrigation, Municipal, Industrial, Fish Pond, etc.)
None

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Other (Describe) Flowing Well

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>1</u>	<u>3</u>
<u>rigid sand</u>	<u>3</u>	<u>15</u>
<u>Coarse white sand</u>	<u>15</u>	<u>40</u>
<u>rust rock</u>	<u>40</u>	<u>42</u>
<u>soft blue clay</u>	<u>42</u>	<u>130</u>
<u>hard blue clay</u>	<u>130</u>	<u>270</u>
<u>good water sand</u>	<u>270</u>	<u>270</u>

WELL DATA

Well Depth <u>270'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>260'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>270'</u>	Depth to Static Water Level <u>30'</u>

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 <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>270'</u>	

RECEIVED

NOV 15 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET 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.

Ray Allison 0-209
Signature of Licensed Driller and License No.

11-13-2002
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X	81	
		B	

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
960m	2	70' FT.

PUMP TEST

Well yielded _____ 9000 GPM with
 a drawdown of _____ 0 ft.
 after _____ 2 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

Real Good Well

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