

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 <i>Harrison</i>	
WELL NUMBER <i>0-478</i>	CODED
DATE WELL COMPLETED <i>9-12-03</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coastal Drilling</i>
<i>Service CO</i>

NAME & MAILING ADDRESS OF LANDOWNER
Lousie Roberson

Walter Smith Rd Apt

Latitude:
Longitude:

WELL LOCATION. SEC *21* TOWNSHIP *6* N *11* E

DISTANCE *3* Miles DIRECTION *NE* of NEAREST TOWN *Apt*

OTHER LANDMARK

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

WELL DATA

Well Depth <i>600'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (FL.) <i>590</i>
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Type of Casing <i>P.V.C</i>	Hole Depth <i>600</i>	Depth to Static Water Level <i>100ft</i>
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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 <i>2"</i>	Length - Feet <i>10</i>	Slot Size - Inches <i>.006</i>
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Screen Type <i>P.V.C</i>	Depth to Bottom - Feet <i>600</i>
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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 *2*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top Soil</i>	<i>1</i>	<i>5</i>
<i>Soft blue Clay</i>	<i>5</i>	<i>15</i>
<i>White sand</i>	<i>15</i>	<i>250</i>
<i>Hard blue Clay</i>	<i>250</i>	<i>290</i>
<i>Coarse water sand</i>	<i>290</i>	<i>390</i>
<i>Sugar sand</i>	<i>380</i>	<i>450</i>
<i>Embryo sand</i>		
<i>fine sand</i>	<i>450</i>	<i>500</i>
<i>good sand</i>	<i>500</i>	<i>530</i>
<i>Coarse sand</i>	<i>550</i>	<i>600</i>

RECEIVED

OCT 10 2003

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.

Dwight Moore *0-209*
 Signature of Licensed Driller and License No.

9-29-03
 Date

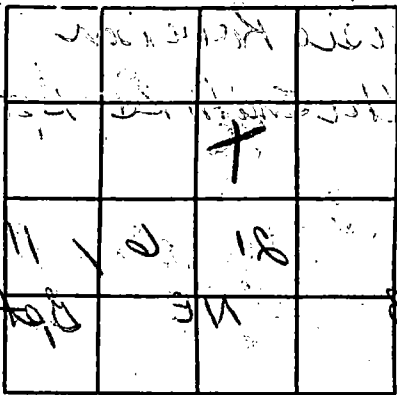
Additional Information Required On Back

If well telescopes please sketch and show depths.

1503 Sec 20 51-P

GROUND LEVEL

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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SECTION 20 51-P

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
10	3	120 FT.
Well yielded <u>9</u> GPM with a drawdown of <u>0</u> ft. after <u>2 1/2</u> 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.