

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
Harrison

WELL NUMBER
H-442 CODED

DATE WELL COMPLETED
10-30-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Nancy Paul
Karen Rd

Latitude:
Longitude: Biloxi Ms

WELL LOCATION: SEC 23 TOWNSHIP 6 RANGE 10 W

DISTANCE 6 1/2 Miles DIRECTION N NEAREST TOWN of Biloxi

OTHER LANDMARK

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

PUMP DATA

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

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	17
White Coarse Sand	17	23
Blue Clay	23	390
Gray Coarse Sand	390	430

WELL DATA

Well Depth <u>430'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>415'</u>
Type of Casing <u>PVC</u>	Mole Depth <u>430'</u>	Depth to Static Water Level <u>100'</u>

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - inches <u>2"</u>	Length - Feet <u>15'</u>	Slot Size - inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>430'</u>	

Top of Lap Pipe or Reduction in Casing

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

RECEIVED
NOV 08 2002
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.

Josh Ridgell
Signature of Licensed Driller and License No.

11-5-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 23

Please indicate well location X.

Pump Capacity (GPM) <u>10</u>	No. of Stages <u>2</u>	Setting Depth <u> </u> FT.
----------------------------------	---------------------------	--------------------------------------

PUMP TEST

Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ 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.