

**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>Hemisen</i>	
WELL NUMBER <i>H-480</i>	CODED
DATE WELL COMPLETED <i>12-15-03</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>Donnie Shaughton 8894 S Preston Rd, Searcy</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <i>6</i>	TOWNSHIP <i>6</i>	RANGE <i>09</i>
DISTANCE <i>12</i> Miles	DIRECTION <i>H</i>	NEAREST TOWN <i>Bebr...</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>Home</i>			

<b>PUMP DATA</b>			
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> , Flowing Well, Other (Describe) _____			
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top soil</i>	<i>1</i>	<i>3</i>
<i>Red clay</i>	<i>3</i>	<i>18</i>
<i>Sugar</i>	<i>18</i>	<i>31</i>
<i>Red clay</i>	<i>31</i>	<i>70</i>
<i>Blue clay</i>	<i>70</i>	<i>220</i>
<i>fine sugar</i>	<i>220</i>	<i>250</i>
<i>good water sand</i>	<i>250</i>	<i>260</i>
<i>Course</i>	<i>260</i>	<i>275</i>

<b>WELL DATA</b>		
Well Depth <i>275</i>	Casing Diameter (In.) <i>2</i>	Casing Length (Ft.) <i>265</i>
Type of Casing <i>PVC</i>	Hole Depth <i>275</i>	Depth to Static Water Level <i>60</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, <u>Open Hole</u> , Other (Describe) <i>15</i>		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

<b>SCREEN DATA</b>		
Diameter - inches <i>2</i>	Length - Feet <i>10</i>	Slot Size - inches <i>.006</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>275</i>	

<b>RECEIVED</b>	
<i>JAN 08 2004</i>	
<b>BY: OLWR</b>	
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.

*Debra Nixon* *0-209*  
Signature of Licensed Driller and License No.

*1-05-04*  
Date

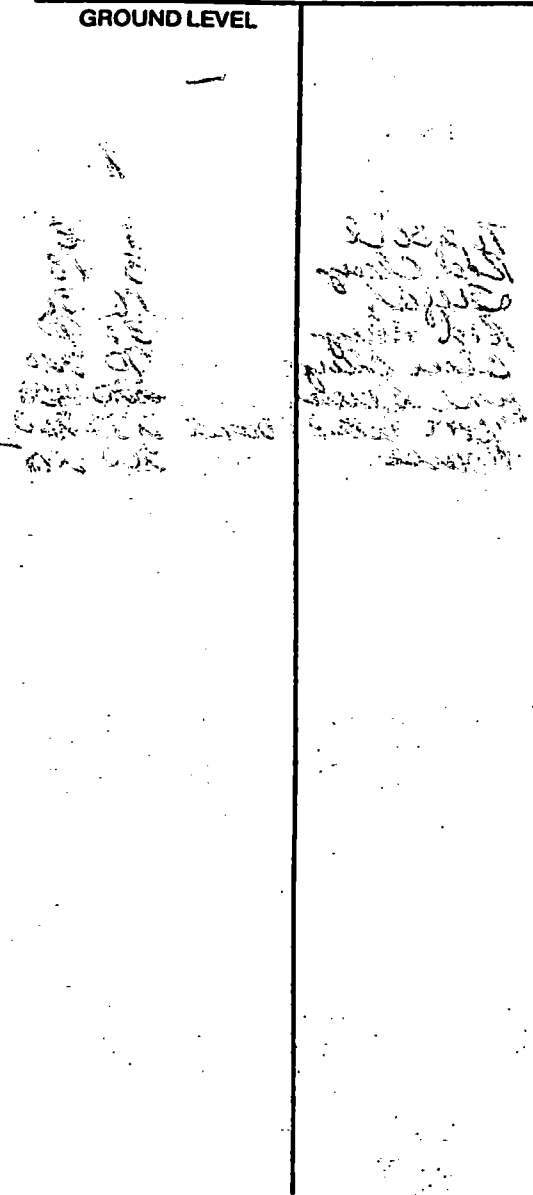
Additional Information Required On Back

If well telescopes please sketch and show depths.

*Handwritten notes:* 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th

*Handwritten note:* 1st

GROUND LEVEL




SECTION 1st

Please indicate well location X.

Pump Capacity (GPM) <u>500</u>	No. of Stages <u>1</u>	Setting Depth <u>10</u> FT.
PUMP TEST <u>10</u>		
Well yielded <u>8</u> GPM with a drawdown of <u>0</u> ft. after <u>2</u> hours of pumping		

LOG DATA

TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) <u>1</u>	No Log Run.
Name of Organization Running Log <u>10</u>	

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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