

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>H-481</i>	CODED
DATE WELL COMPLETED <i>Dec 12-2003</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>ETM Junk Yard</i>			
<i>18119 Kick Stilet Rd</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <i>13</i>	TOWNSHIP <i>6</i>	RANGE <i>9</i>
DISTANCE <i>2</i> Miles	DIRECTION <i>N</i>	NEAREST TOWN <i>Biloxi</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>Home</i>			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, Jet <u> </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>4</i>
<i>Red Clay</i>	<i>4</i>	<i>12</i>
<i>White Sand</i>	<i>12</i>	<i>25</i>
<i>Pink Clay</i>	<i>25</i>	<i>55</i>
<i>Blue Clay</i>	<i>55</i>	<i>120</i>
<i>Red Sand White</i>	<i>120</i>	<i>190</i>
<i>Blue Clay</i>	<i>190</i>	<i>250</i>
<i>Fin Sand</i>	<i>250</i>	<i>280</i>
<i>House Sand</i>	<i>280</i>	<i>300</i>

WELL DATA		
Well Depth <i>300</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>280</i>
Type of Casing <i>PVC</i>	Hole Depth <i>300</i>	Depth to Static Water Level <i>30</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, <u> 1 </u> Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF _____ 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>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>300</i>	

RECEIVED	
<i>JAN 08 2004</i>	
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.

Debra Mess *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.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
8	2	60	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.