

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

COMMON WELL LOCATED
Harrison

WELL NUMBER: **H-488**

CODED

DATE WELL COMPLETED: **3-24-04**

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Brian Landrum

16316 Old Hwy 15

Latitude:
Longitude: **Biloxi, MS**

WELL LOCATION: SEC **20** TOWNSHIP **6 N** RANGE **9 W**

DISTANCE **7** Miles DIRECTION **No 14th** of NEAREST TOWN **Biloxi**

OTHER LANDMARK

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

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**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	18
White Coarse Sand	18	24
Blue Clay	24	27
Gray Medium Sand	27	28

WELL DATA

Well Depth: **282'** Casing Diameter (In.): **2"** Casing Length (Ft.): **272'**

Type of Casing: **PVC** Hole Depth: **282'** Depth to Static Water Level: **50'**

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: **2"** Length - Feet: **10'** Slot Size - Inches: **.06**

Screen Type: **PVC** Depth to Bottom - Feet: **282'**

Top of Lap Pipe or Reduction in Casing

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

RECEIVED

MAR 31 2004

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.

Jack Ridgell 472
Signature of Licensed Driller and License No.

3-30-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 20

Please indicate well location X.

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

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.