

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

Harrison

COUNTY WELL LOCATED
Harrison

WELL NUMBER
H-490

DATE WELL COMPLETED
3-22-04

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Drilling Service Co.

NAME & MAILING ADDRESS OF LANDOWNER
MS Roslyn
13313 Duval St

Latitude:
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE
31 **6** **10** **SW**

DISTANCE DIRECTION NEAREST TOWN
Miles of **Huffman**

OTHER LANDMARK

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

WELL DATA

Well Depth 300	Casing Diameter (In.) 2	Casing Length (Ft.) 290
Type of Casing PVC	Hole Depth 300	Depth to Static Water Level 60

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 2	Length - Feet 10	Slot Size - Inches .006
Screen Type PVC	Depth to Bottom - Feet 300	

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	1	5
Red clay	5	20
White sand	20	140
Yellow clay	140	170
Blue clay	170	210
Med white sand	210	250
Blue clay	250	270
White sand	270	290
Coarse sand	290	310

RECEIVED

APR 07 2004

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.

Orlando W. ...
Signature of Licensed Driller and License No. **0-209**

4-2-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

Handwritten notes:
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Handwritten: 234 238

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
		_____ FT.
PUMP TEST		
Well yielded <u>15</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): 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.