

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 2185 CODED 604

DATE WELL COMPLETED 7-18-96

PERMIT NUMBER _____

NAME OF DRILLING FIRM
Coastal Well Well Service

NAME & MAILING ADDRESS OF LANDOWNER
David All
Paradise Lane
Biloxi Ms.

WELL LOCATION SEC 32 TOWNSHIP 6 RANGE 9E

DISTANCE 4 Miles North of 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 1

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

PUMP TEST

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

WELL DATA

Well Depth 310' Casing Diameter (In.) 2" Casing Length (Ft.) 300'

Type of Casing PVC Hole Depth 310' Depth to Static Water Level 55'

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

LOG DATA

TYPE OF LOG RUN (Circle One):
Electric, Gamma Ray, Density, Sonic, No Log Run, Neutron, Other (Describe) _____

Name of Organization Running Log _____

WELL GROUTED TO A DEPTH OF 20 FEET

Type Grout (circle one): Cement, Bentonite, or Mix

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks _____

Top of Lap Pipe or Reduction in Casing _____ FEET

IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

SCREEN DATA

Diameter - Inches 2" Length - Feet 10' Slot Size - Inches .008

Screen Type PVC Depth to Bottom - Feet 310'

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>2</u>
<u>Red Clay</u>	<u>2</u>	<u>5</u>
<u>White Coarse Sand</u>	<u>5</u>	<u>12</u>
<u>Blue Clay</u>	<u>12</u>	<u>23</u>
<u>White Coarse Sand</u>	<u>23</u>	<u>45</u>
<u>Blue Clay</u>	<u>45</u>	<u>298</u>
<u>gray Coarse Sand</u>	<u>298</u>	<u>310</u>

FORM NO. _____ DATE _____

RECEIVED

AUG 28 1996

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

X			

SECTION 32

Please indicate well location X.

ADDITIONAL INFORMATION

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