

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>K-390</i> | CODED |
| DATE WELL COMPLETED <i>6-9-03</i> | |

| |
|--|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <i>Coastal Drilling & Service Co.</i> |

| | | | |
|---|-----------------------|---------------------------------------|--------------------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Charles Stewart</i> | | | |
| <i>23241 Meant Rd. Pass Christian</i> | | | |
| Latitude: | | | |
| Longitude: | | | |
| WELL LOCATION | SEC <i>19</i> | TOWNSHIP <i>7^N</i> | RANGE <i>12^E</i> |
| DISTANCE <i>3</i> Miles | DIRECTION <i>N</i> | NEAREST TOWN <i>Pass Christian</i> | |
| OTHER LANDMARK | | | |
| WELL PURPOSE (Home Irrigation, Municipal, Industrial, Fish Pond, etc.) <i>Home</i> | | | |

| | | | |
|---|--|--|--|
| PUMP DATA | | | |
| PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____ | | | |
| POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P <i>1</i> | | | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| <i>top soil</i> | <i>1</i> | <i>5</i> |
| <i>red clay</i> | <i>6</i> | <i>25</i> |
| <i>white sand</i> | <i>25</i> | <i>48</i> |
| <i>soft blue clay</i> | <i>48</i> | <i>210</i> |
| <i>hard blue clay</i> | <i>210</i> | <i>314</i> |
| <i>fine water sand</i> | <i>314</i> | <i>325</i> |
| <i>coarse water sand</i> | <i>325</i> | <i>390</i> |
| <i>good water sand</i> | <i>390</i> | <i>420</i> |

| | | |
|---|-------------------------------------|---|
| WELL DATA | | |
| Well Depth <i>420'</i> | Casing Diameter (In.) <i>4x2</i> | Casing Length (Ft.) <i>410'</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>420'</i> | Depth to Static Water Level <i>70'</i> |
| TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____ | | |
| WELL GROUTED TO A DEPTH OF <i>15</i> 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>420'</i> | |

| | |
|--|--|
| RECEIVED | |
| <i>JUL 31 2003</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.

Dwight Mason *0-209*
Signature of Licensed Driller and License No.

7-28-03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

200' 4" PVC Casing

210' 2" PVC Casing

10' 2" PVC Screen

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

| | | | |
|--|---|--|--|
| | | | |
| | | | |
| | X | | |
| | | | |

SECTION _____

Please indicate well location X.

| | | |
|---------------------------------|---------------|---------------|
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| 17 | 14 | 120 FT. |
| PUMP TEST | | |
| Well yielded <u>17</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
