

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Bureau 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>M 738</i>	CODED <input checked="" type="checkbox"/>
DATE WELL COMPLETED <i>10-14-92</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coast Water Well Dr. Inc.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Larry Kinson</i>			
WELL LOCATION: SEC <u>15</u> TOWNSHIP <u>7 N</u> RANGE <u>10 E</u>			
DISTANCE _____ Miles		DIRECTION _____ of <u>Biloxi</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, <u>Tractor</u> , Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>		
Pump Capacity (GPM) <u>8</u>	No. of Stages <u>2</u>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <u>537'</u>	Casing Diameter (In.) <u>2'</u>	Casing Length (Ft.) <u>523'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>537'</u>	Depth to Static Water Level <u>55'</u>
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) _____		
Top of Lap Pipe or Reduction in Casing _____ FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

LOG DATA	
TYPE OF LOG RUN (Circle One): <u>No Log Run</u> , Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>533'</u>	

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>top soil</i>	<i>0</i>	<i>2</i>	RECEIVED JAN 27 1993 Dept. of Environmental Quality Office of Land & Water Resources		
<i>Blue Clay</i>	<i>2</i>	<i>45</i>			
<i>Coarse sand</i>	<i>45</i>	<i>85</i>			
<i>Blue Clay</i>	<i>85</i>	<i>184</i>			
<i>Med. sand</i>	<i>184</i>	<i>195</i>			
<i>Blue Clay & sand</i>	<i>195</i>	<i>260</i>			
<i>fine sand</i>	<i>260</i>	<i>285</i>			
<i>Blue Clay & sand</i>	<i>285</i>	<i>460</i>			
<i>Coarse sand</i>	<i>460</i>	<i>534</i>			
<i>Blue Clay</i>	<i>534</i>	<i>537</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

X			

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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