

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>Jackson</i>	
WELL NUMBER <i>E 2053</i>	CODED
DATE WELL COMPLETED <i>11-16-98</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coast Water Well Service</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Sam Fooks</i>			
<i>Indian town Rd.</i>			
<i>Vandeventer, Ms.</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>24</i>	<i>5</i>	<i>8</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>6</i> Miles	<i>NW</i>	<i>Vandeventer</i>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home <input type="radio"/> Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ <i>H/P</i>		
Pump Capacity (GPM)	No. of Stages	Setting Depth FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>110'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>100'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>110'</i>	Depth to Static Water Level <i>30'</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development <input type="radio"/> Open Hole, <input type="radio"/> Other		
WELL GROUTED TO A DEPTH OF <i>20</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

LOG DATA	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>.008</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>110'</i>	

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 <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>TOP SOIL</i>	<i>0</i>	<i>2</i>
<i>White Med Sand</i>	<i>2</i>	<i>14</i>
<i>Brown Clay</i>	<i>14</i>	<i>55</i>
<i>White Coarse Sand</i>	<i>55</i>	<i>110</i>

FORMATIONS (Continued)	FROM	TO
RECEIVED		
JAN 25 1999		
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 24

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED

1980 2 2 1980

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