

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
Jackson

WELL NUMBER
F-143

CODED

DATE WELL COMPLETED
9-30-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Rick Snell
omas Rd.

Latitude:
Longitude: **Vanleave Ms**

WELL LOCATION: SEC **24** TOWNSHIP **5 N** RANGE **7 W**

DISTANCE **3** Miles DIRECTION **NE** of NEAREST TOWN **Vanleave**

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**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	18
White coarse sand	18	40
Orange + white clay	40	78
Brown coarse sand	78	118
Blue Clay	118	130
Gray coarse sand	130	270

WELL DATA

Well Depth 270'	Casing Diameter (In.) 2"	Casing Length (Ft.) 260'
Type of Casing PVC	Mole Depth 270'	Depth to Static Water Level 75'

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

WELL GROUTED TO A DEPTH OF **10** FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches .008
Screen Type PVC	Depth to Bottom - Feet 270'	

RECEIVED

NOV 08 2002

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.

Joseph Rutledge 472
Signature of Licensed Driller and License No.

11-5-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 34

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
6	2	FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ 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.