

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 <u>Jackson</u>	
WELL NUMBER <u>F-162</u>	CODED
DATE WELL COMPLETED <u>5-2-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Cast Water Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Angela Fuller</u>			
<u>19010 3 Crd.</u>			
Latitude:			
Longitude: <u>Vancleave Ms</u>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>8</u>	<u>5 N</u>	<u>7 W</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>6 1/2</u> Miles	<u>NORTH</u> of	<u>Vancleave</u>	
OTHER LANDMARK			
WELL PURPOSE (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): <u>Electric</u> Tractor, Diesel, Gasoline, Butane, Other (Describe) <u>H/P 2</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>2</u>
<u>orange clay</u>	<u>2</u>	<u>40</u>
<u>Brown coarse sand</u>	<u>40</u>	<u>62</u>
<u>Blue clay</u>	<u>62</u>	<u>208</u>
<u>Gray coarse sand</u>	<u>208</u>	<u>272</u>

WELL DATA

Well Depth <u>272'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>257'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>272'</u>	Depth to Static Water Level <u>135'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Natural Development</u> Gravel Packed, Underreamed, Telescoped, Open Hole, Other		
(Describe)		
WELL GROUTED TO A DEPTH OF <u>10'</u> FEET		
Type Grout (circle one): <u>Bentonite</u> , Cement, or Mix		

SCREEN DATA

Diameter - Inches <u>2"</u>	Length - Feet <u>15'</u>	Slot Size - Inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>272'</u>	

RECEIVED	
MAY 19 2003	
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.

Jack Ritzdell 472
Signature of Licensed Driller and License No.

5/15/03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 8

Please indicate well location X.

Pump Capacity (GPM) <u>6</u>	No. of Stages <u>3</u>	Setting Depth _____ FT.
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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.