

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-193

CODED

DATE WELL COMPLETED  
4-9-04

PERMIT NUMBER

NAME OF DRILLING FIRM  
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER  
American Family Homes

3 C Rd.

Latitude:  
Longitude: Vanleave, MS

WELL LOCATION: SEC 17 TOWNSHIP 5 S RANGE 7 W

DISTANCE 6 Miles DIRECTION NORTH 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 2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>TOPSOIL</u>	<u>0</u>	<u>2</u>
<u>Orange Clay</u>	<u>2</u>	<u>18</u>
<u>Brown Coarse Sand</u>	<u>18</u>	<u>39</u>
<u>Blue Clay</u>	<u>39</u>	<u>90</u>
<u>Medium Sand</u>	<u>90</u>	<u>115</u>
<u>Blue Clay</u>	<u>115</u>	<u>250</u>
<u>Grey Medium Sand</u>	<u>250</u>	<u>261</u>

WELL DATA

Well Depth <u>261'</u>	Casing Diameter (in.) <u>2"</u>	Casing Length (Ft.) <u>251'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>261'</u>	Depth to Static Water Level <u>120'</u>

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 <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>261'</u>	

RECEIVED

APR 14 2004

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 Reddell 472  
Signature of Licensed Driller and License No.

4/12/04  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

S

		X	

SECTION 17

Please indicate well location X.

Pump Capacity (GPM) <u>5.5</u>	No. of Stages <u>3</u>	Setting Depth <u>                    </u> 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.