

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
Dickson

WELL NUMBER F-205 CODED

DATE WELL COMPLETED
7-26-04

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Peter Dias
Juniper Dr.

Latitude _____ Longitude: Vanclave, MS

WELL LOCATION. SEC 29 TOWNSHIP 5 RANGE 7

DISTANCE 3 1/2 Miles DIRECTION NW NEAREST TOWN Vanclave

OTHER LANDMARK _____

WELL PURPOSE: 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>40</u>
<u>Brown Coarse Sand</u>	<u>40</u>	<u>78</u>
<u>White Coarse Sand</u>	<u>78</u>	<u>105</u>
<u>Brown Coarse Sand</u>	<u>105</u>	<u>140</u>
<u>Blue Clay</u>	<u>140</u>	<u>247</u>
<u>Gray Medium Sand</u>	<u>247</u>	<u>273</u>

WELL DATA

Well Depth <u>273'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>258'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>273'</u>	Depth to Static Water Level <u>85</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>15'</u>	Slot Size - inches <u>.006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>273'</u>	

RECEIVED

AUG 04 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 Proydell 472
Signature of Licensed Driller and License No.

7/31/04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 29

Please indicate well location X.

Pump Capacity (GPM) <u>8.5</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.