

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Bureau of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <b>JACKSON</b>	
WELL NUMBER <b>F2198</b>	CODED
DATE WELL COMPLETED <b>8-7-91</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coastal Water Wells, Inc.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Joe West</i>			
WELL LOCATION: SEC <b>32</b> TOWNSHIP <b>S</b> RANGE <b>7</b> <b>E</b> <b>W</b>			
DISTANCE <b>3</b> Miles	DIRECTION <b>NW</b>	NEAREST TOWN <b>KANCLAVE</b>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home Irrigation</u> , Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>		
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) _____ H/P <u>1</u>		
Pump Capacity (GPM) <b>10</b>	No. of Stages <b>2</b>	Setting Depth <b>60</b> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>90'</b>	Casing Diameter (In.) <b>2"</b>	Casing Length (Ft.) <b>80'</b>
Type of Casing <b>PVC</b>	Hole Depth <b>90'</b>	Depth to Static Water Level <b>30'</b>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
Top of Lap Pipe or Reduction in Casing  FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

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

<b>SCREEN DATA</b>		
Diameter - Inches <b>2"</b>	Length - Feet <b>10'</b>	Slot Size - Inches <b>.008</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>90'</b>	

<b>GEOLOGIC DATA (Office Use Only)</b>			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			

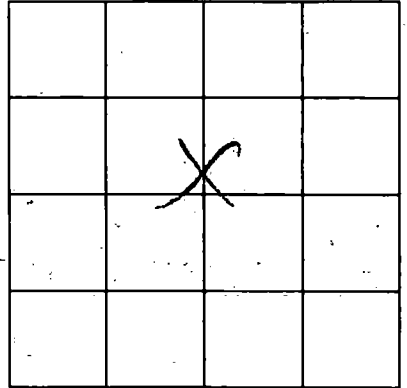
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top soil</i>	<i>0</i>	<i>2</i>
<i>Yellow clay</i>	<i>2</i>	<i>45</i>
<i>Coarse sand/gravel</i>	<i>45</i>	<i>90</i>

FORMATIONS (Continued)	FROM	TO
<b>RECEIVED</b>		
<b>OCT 09 1991</b>		
<b>Dept. of Environmental Quality</b>		
<b>Bureau of Land &amp; Water Resources</b>		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION \_\_\_\_\_

Please indicate well location X.

-ADDITIONAL INFORMATION

Lined area for additional information.

RECEIVED

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