

**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<br><i>Jackson</i> |       | PERMIT NUMBER  |
| WELL NUMBER<br><i>F-2414</i>          | CODED | NAME OF DRILLING FIRM<br><i>Coast Water Well Service</i> |
| DATE WELL COMPLETED<br><i>2-15-00</i> |       |  |

|   |                           |                                 |          |
|---|---------------------------|---------------------------------|----------|
| NAME & MAILING ADDRESS OF LANDOWNER<br><i>Alfred Fairley<br/>Mc Gregor Rd.<br/>Vandevue, Ms.</i>  |                           |                                 |          |
| WELL LOCATION   | SEC                       | TOWNSHIP                        | RANGE    |
|   | <i>33</i>                 | <i>5</i>                        | <i>7</i> |
| DISTANCE<br><i>3</i> Miles  | DIRECTION<br><i>NORTH</i> | NEAREST TOWN<br><i>Vandevue</i> |          |
| OTHER LANDMARK  |                           |                                 |          |
| WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. |                           |                                 |          |

| PUMP DATA  |              |                          |
|--|--------------|--------------------------|
| PUMP TYPE (Circle One):<br>Submersible, Turbine, Jet, Flowing Well,<br>Other (Describe) _____                |              |                          |
| POWER TYPE (Circle One):<br>Electric, Tractor, Diesel, Gasoline, Butane,<br>Other (Describe) _____ H/P _____ |              |                          |
| Pump Capacity (GPM)  | No of Stages | Setting Depth<br><br>FT. |
| PUMP TEST  |              |                          |
| Well yielded _____ GPM with<br>a drawdown of _____ ft.<br>after _____ hours of pumping                       |              |                          |

| WELL DATA  |                                   |   |
|--|-----------------------------------|---|
| Well Depth<br><i>105'</i>  | Casing Diameter (In)<br><i>2"</i> | Casing Length (Ft)<br><i>95'</i>          |
| Type of Casing<br><i>PVC</i>   | Hole Depth<br><i>105'</i>         | Depth to Static Water Level<br><i>25'</i> |
| TYPE OF COMPLETION: (Circle One or More):<br><input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped,<br><input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other<br>(Describe): _____ |                                   |   |
| WELL GROUTED TO A DEPTH OF <i>20</i> FEET<br>Type Grout (circle one): Cement, Bentonite, or Mix  |                                   |   |

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

| SCREEN DATA                    |                                       |                                   |
|--------------------------------|---------------------------------------|-----------------------------------|
| Diameter - Inches<br><i>2"</i> | Length - Feet<br><i>10'</i>           | Slot Size - Inches<br><i>.008</i> |
| Screen Type<br><i>PVC</i>      | Depth to Bottom - Feet<br><i>105'</i> |                                   |

| GEOLOGIC DATA (Office Use Only)  |               |                |              |
|--|---------------|----------------|--------------|
| Surface Elev   | Geologic Unit | Unit Thickness | Depth to Top |
| Subs SWL   | Date          | Analysis       | Aquifer Test |
| Driller's Remarks  |               |                |              |
| <b>RECEIVED</b>  |               |                |              |
| Top of Lap Pipe or Reduction in Casing<br>FEET <input checked="" type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN USE BACK PAGE |               |                |              |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM      | TO         | FORMATIONS (Continued)                      | FROM | TO |
|---------------------------------------|-----------|------------|---|------|----|
| <i>Top Soil</i>                       | <i>0</i>  | <i>2</i>   | <i>Dept of Environmental Quality</i>        |      |    |
| <i>Brown Clay</i>                     | <i>2</i>  | <i>40</i>  | <i>Office of Land &amp; Water Resources</i> |      |    |
| <i>White Coarse sand</i>              | <i>40</i> | <i>105</i> |   |      |    |
|                                       |           |            |   |      |    |
|                                       |           |            |   |      |    |
|                                       |           |            |   |      |    |
|                                       |           |            |   |      |    |
|                                       |           |            |   |      |    |
|                                       |           |            |   |      |    |

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

|  |  |   |  |
|--|--|---|--|
|  |  |   |  |
|  |  | X |  |
|  |  |   |  |
|  |  |   |  |

SECTION 33

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED

UN 0 9 2001

Office of Land & Water Resources  
Dept. of Environmental Quality

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