

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-2495	CODED
DATE WELL COMPLETED 5-21-02	

PERMIT NUMBER
NAME OF DRILLING FIRM Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Acadian Ambulance

7 Mergers Rd.

Latitude:
Longitude: **Vandevore, Ms**

WELL LOCATION: SEC **22** TOWNSHIP **5** RANGE **7**

DISTANCE **5 1/2** Miles DIRECTION **NE** NEAREST TOWN **Vandevore**

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Office Trailer

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Flowing Well, Other (Describe) _____

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P **2**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	17
White coarse Sand	17	30
Blue Clay	30	31
Gray coarse Sand	31	35

WELL DATA

Well Depth 252'	Casing Diameter (In.) 2"	Casing Length (Ft.) 242"
---------------------------	------------------------------------	------------------------------------

Type of Casing PVC	Hole Depth 252'	Depth to Static Water Level 100'
------------------------------	---------------------------	--

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 2"	Length - Feet 10'	Slot Size - Inches .008
--------------------------------	-----------------------------	-----------------------------------

Screen Type PVC	Depth to Bottom - Feet 252'
---------------------------	---------------------------------------

RECEIVED
JUL 25 2002
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 Ridgwell 472
Signature of Licensed Driller and License No.

6/21/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 22

Please indicate well location X.

Pump Capacity (GPM) <u>6.5</u>	No. of Stages <u>3</u>	Setting Depth _____ FT.
-----------------------------------	---------------------------	----------------------------

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.