

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

COUNTY WELL LOCATED
JACKSON

WELL NUMBER H-97 CODED

DATE WELL COMPLETED
4-14-04

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Roxo Lane
Park Ridge

Latitude:
Longitude: Hurley, Ms.

WELL LOCATION. SEC 4 TOWNSHIP 5^N RANGE 5^W

DISTANCE 1 1/2 Miles DIRECTION South of NEAREST TOWN Hurley

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 _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOPSOIL	0	2
orange Clay	2	15
white coarse sand	15	65
blue Clay	65	104
coarse sand	104	120

RECEIVED

APR 22 2004

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>120'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>110'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>120'</u>	Depth to Static Water Level <u>20'</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): <input type="checkbox"/> Cement, <input checked="" type="checkbox"/> Bentonite, <input type="checkbox"/> 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>120'</u>	

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.

4/20/04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 4

Please indicate well location X.

Pump Capacity (GPM) <u>8.5</u>	No. of Stages <u>2</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.