

**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 <i>Jackson</i>	
WELL NUMBER <i>5171</i>	CODED <input checked="" type="checkbox"/>
DATE WELL COMPLETED <i>10-19-92</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coast Water Well Dr. Inc.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>William Hurt</i>			
WELL LOCATION: SEC <u>13</u> TOWNSHIP <u>N 6</u> RANGE <u>9 E</u>			
DISTANCE <u>1</u> Miles	DIRECTION <u>SE</u>	NEAREST TOWN <u>Latimer</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, 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): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>		
Pump Capacity (GPM) <u>8 GPM</u>	No. of Stages <u>2</u>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <u>375'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>362'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>375'</u>	Depth to Static Water Level <u>50'</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) _____		
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, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.004</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>372'</u>	

<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			

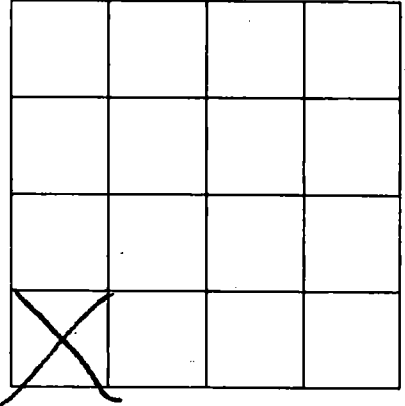
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>top soil</i>	<i>0</i>	<i>2</i>
<i>yellow gray clay</i>	<i>2</i>	<i>110</i>
<i>fine sand</i>	<i>110</i>	<i>135</i>
<i>blue clay s of sand</i>	<i>135</i>	<i>245</i>
<i>fine sand</i>	<i>245</i>	<i>250</i>
<i>blue clay s of sand</i>	<i>250</i>	<i>353</i>
<i>med. sand</i>	<i>353</i>	<i>375</i>

<b>RECEIVED</b>	
JAN 27 1993	
Dept. of Environmental Quality Office of Land & Water Resources	
IF MORE SPACE IS NEEDED, USE BACK	

If well telescopes please sketch and show depths.

*Handwritten mark*

GROUND LEVEL

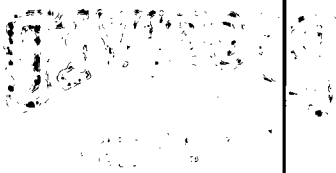


SECTION \_\_\_\_\_

Please indicate well location X.

ADDITIONAL INFORMATION

Lined area for additional information.



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