

**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**  
1-2160

**CODED**

**DATE WELL COMPLETED**  
11-16-02

**PERMIT NUMBER**

**NAME OF DRILLING FIRM**  
Coast Water Well Service

**NAME & MAILING ADDRESS OF LANDOWNER**  
Mike Fitzhugh  
Spencer Wilson Rd.

**Latitude:**  
**Longitude:**

**WELL LOCATION:** SEC 18 TOWNSHIP 6 S RANGE 8 W

**DISTANCE** 8 Miles **DIRECTION** West **NEAREST TOWN** Varckane

**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 1

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>2</u>
<u>Orange Blue Clay</u>	<u>2</u>	<u>60</u>
<u>Low Medium Sand</u>	<u>60</u>	<u>75</u>
<u>Blue Clay</u>	<u>75</u>	<u>178</u>
<u>Gray Medium Sand</u>	<u>178</u>	<u>187</u>

**WELL DATA**

<b>Well Depth</b> <u>187'</u>	<b>Casing Diameter (In.)</b> <u>2"</u>	<b>Casing Length (FL)</b> <u>177'</u>
<b>Type of Casing</b> <u>PVC</u>	<b>Hole Depth</b> <u>187'</u>	<b>Depth to Static Water Level</b>

**TYPE OF COMPLETION: (Circle One or More):**  
Gravel Packed, Underreamed, Telescoped,  
 Natural Development, Open Hole, Other  
(Describe)

**WELL GROUTED TO A DEPTH OF** \_\_\_\_\_ **FEET**  
Type Grout (circle one): Cement, Bentonite, or Mix

**SCREEN DATA**

<b>Diameter - Inches</b>	<b>Length - Feet</b>	<b>Slot Size - Inches</b>
<b>Screen Type</b>	<b>Depth to Bottom - Feet</b>	

**Top of Lap Pipe or Reduction in Casing**

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

**RECEIVED**  
**NOV 15 2002**  
**BY: OLWR**

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 Riddell 472      11-12-02  
Signature of Licensed Driller and License No.      Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL


SECTION 18

Please indicate well location X.

Pump Capacity (GPM) <u>8.5</u>	No. of Stages <u>2</u>	Setting Depth <u>121</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

See log for details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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