

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 DRATED
JACKSON

WELL NUMBER: **J-299** CODED

DATE WELL COMPLETED: **11-25-03**

PERMIT NUMBER

NAME OF DRILLING FIRM:
Coastwater Well Service

NAME & MAILING ADDRESS OF LANDOWNER:
Wilbur Trippe
Dana Rd

Latitude:
Longitude: **Ocean Springs, MS**

WELL LOCATION: SEC **34** TOWNSHIP **6 N** RANGE **9 W**

DISTANCE **5** Miles DIRECTION **NW** of NEAREST TOWN **OCEAN SPRINGS**

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 **2**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	17
White Coarse Sand	17	31
Blue Clay	31	397
Grey Coarse Sand	397	428

WELL DATA

Well Depth: **428'** Casing Diameter (In.): **2"** Casing Length (Ft.): **413'**

Type of Casing: **PVC** Hole Depth: **428'** Depth to Static Water Level: **85'**

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: **15'** Slot Size - Inches: **.008**

Screen Type: **PVC** Depth to Bottom - Feet: **428'**

RECEIVED

DEC 12 2003

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 Reddell 472
Signature of Licensed Driller and License No.

12/8/03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 34

Please indicate well location X.

Pump Capacity (GPM) <u>9</u>	No. of Stages <u>3</u>	Setting Depth _____ 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):
 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.