

Jackson

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631

Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

COUNTRY WELL LOCATED
Mississippi

WELL NUMBER: **J-321**

DATE WELL COMPLETED: **5/18/04**

PERMIT NUMBER

NAME OF DRILLING FIRM: **Coastal Drilling Service**

NAME & MAILING ADDRESS OF LANDOWNER: **Ray Storkskill**
Dobson Rd

Latitude: _____
Longitude: _____

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

DISTANCE **2** Miles DIRECTION **N** of **Tallevault**

OTHER LANDMARK

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

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
Dobson	15	5
Red clay	5	20
White sand	20	30
Blue clay	30	320
Blue clay	320	330
Red sand	330	332
Blue clay	332	333
Blue sand	333	334
Blue sand	334	335
Blue sand	335	336

WELL DATA

Well Depth: **340** Casing Diameter (In.): **2** Casing Length (Ft.): **330**

Type of Casing: **PVC** Hole Depth: **340** Depth to Static Water Level: **90**

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

WELL GROUTED TO A DEPTH OF **15** FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches: **2** Length - Feet: **10** Slot Size - Inches: **000**

Screen Type: **PVC** Depth to Bottom - Feet: **300**

RECEIVED

JUN 07 2004

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.

Dez Wilson 0-209
Signature of Licensed Driller and License No.

6-2-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

normal

17500
01000

		X	

normal

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) <i>15</i>	No. of Stages <i>1</i>	Setting Depth <i>90</i> FT.
PUMP TEST		
Well yielded <i>15</i> GPM with a drawdown of <i>0</i> ft. after <i>22</i> hours of pumping		

LOG DATA

TYPE OF LOG RUN (Circle One):		No Log Run.	
Electric	Gamma Ray	Density	Sonic
Other (Describe) _____		Neutron	
Name of Organization Running Log <i>One</i> <i>DVI</i>			

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.