

**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 <i>Jackson</i>	
WELL NUMBER <i>2378</i>	CODED
DATE WELL COMPLETED <i>1-25-94</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coast Water Well Service</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Byron Ramsey Jim Ramsey Rd. Ocean Springs, Ms</i>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<i>18</i>	<i>6<sup>N</sup></i>	<i>8<sup>W</sup></i>
DISTANCE <i>2 1/2</i> Miles	DIRECTION <i>EAST</i>	NEAREST TOWN <i>LATIMER</i>
OTHER LANDMARK		
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.		

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> <i>Jet</i> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <i>1</i>		
Pump Capacity (GPM) <i>9</i>	No. of Stages	Setting Depth  FT.
PUMP TEST  Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <i>390'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>380'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>390'</i>	Depth to Static Water Level <i>55'</i>
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 <i>20</i> FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite or Mix		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, <input checked="" type="radio"/> <i>No Log Run</i> , Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>.004</i>
Screen Type <i>Wrapped</i>	Depth to Bottom - Feet <i>390'</i>	

<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 Clay</i>	<i>2</i>	<i>10</i>
<i>Gravel</i>	<i>10</i>	<i>15</i>
<i>Blue Clay</i>	<i>15</i>	<i>165</i>
<i>Fine Sand</i>	<i>165</i>	<i>173</i>
<i>Blue Clay (fine grained)</i>	<i>173</i>	<i>370</i>
<i>Fine to Medium Sand</i>	<i>370</i>	<i>390</i>

FORMATIONS ENCOUNTERED	FROM	TO
<b>RECEIVED</b>		
<b>FEB 18 1994</b>		
Dept. of Environmental Quality Office of Land & Water Resources		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

**GROUND LEVEL**

	X		

**SECTION** 18

Please indicate well location X.

**ADDITIONAL INFORMATION**

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