

**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>J 2395</i>	CODED
DATE WELL COMPLETED <i>10-17-94</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>David Noble</i>			
<i>Robert Walker Rd.</i>			
<i>Vanceleave, Ms</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
<i>NV Center</i>	<i>23</i>	<i>6<sup>th</sup> S</i>	<i>8<sup>th</sup> E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>5</i> Miles	<i>SW</i> of	<i>Vanceleave</i>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> <i>Flowing Well</i> , Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> <i>Electric</i> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <i>1</i>		
Pump Capacity (GPM) <i>11</i>	No. of Stages <i>2</i>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <i>190'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>180'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>190'</i>	Depth to Static Water Level <i>40'</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <i>20</i> FEET Type Grout (circle one): Cement, <input checked="" type="radio"/> Bentonite or Mix		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ <input checked="" type="radio"/> <i>No Log Run</i>	
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>190</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			
Top of Lap Pipe or Reduction in Casing			
FEET		IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>2</i>
<i>Red, Orange &amp; Pink Clay</i>	<i>2</i>	<i>30</i>
<i>Fine - Coarse Sand</i>	<i>30</i>	<i>95</i>
<i>Blue Clay</i>	<i>95</i>	<i>145</i>
<i>Fine - Coarse Sand</i>	<i>145</i>	<i>190</i>

FORMATIONS (Continued)	FROM	TO
<b>RECEIVED</b>		
<b>NOV 10 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 23

Please indicate well location X:

ADDITIONAL INFORMATION

RECEIVED

NOV 9 1968

STATE DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

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