

**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 <b>Jackson</b>	
WELL NUMBER <b>J 2436</b>	CODED
DATE WELL COMPLETED <b>9-12-95</b>	

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

NAME & MAILING ADDRESS OF LANDOWNER <b>Robert Lucas L-10 Meadow Glen Rd. Vandeventer, Ms</b>		
WELL LOCATION: SEC	TOWNSHIP	RANGE
<b>10</b>	<b>6<sup>N</sup></b>	<b>8<sup>E</sup></b>
DISTANCE	DIRECTION	NEAREST TOWN
<b>4 1/2</b> Miles	<b>West</b> of	<b>Vandeventer</b>
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"/> Jet, <input type="radio"/> 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 <b>1</b>		
Pump Capacity (GPM) <b>10</b>	No. of Stages <b>2</b>	Setting Depth <b>FT.</b>
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

**WELL DATA**

Well Depth <b>65'</b>	Casing Diameter (In.) <b>2"</b>	Casing Length (Ft.) <b>60'</b>
Type of Casing <b>PVC</b>	Hole Depth <b>65'</b>	Depth to Static Water Level <b>22'</b>

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

WELL GROUTED TO A DEPTH OF **20** FEET  
 Type Grout (circle one):  Cement,  Bentonite, or Mix

**SCREEN DATA**

Diameter - Inches <b>2"</b>	Length - Feet <b>5'</b>	Slot Size - Inches <b>.008</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>65'</b>	

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, <input checked="" type="radio"/> 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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<b>Top Soil</b>	<b>0</b>	<b>3</b>
<b>Red well sand sub clay</b>	<b>3</b>	<b>30</b>
<b>Med coarse sand</b>	<b>30</b>	<b>65</b>

**RECEIVED**

**OCT 13 1995**

Dept. of Environmental Quality  
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

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GROUND LEVEL

			X

SECTION 10

Please indicate well location X.

ADDITIONAL INFORMATION

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