

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 2588</i>	CODED
DATE WELL COMPLETED <i>3-27-97</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>Robert Lucas U-4 School Land Rd. Vanleare, Mr.</i>			
WELL LOCATION	SEC <i>9</i>	TOWNSHIP <i>6 S</i>	RANGE <i>8 E</i>
DISTANCE <i>6</i> Miles	DIRECTION <i>West</i>	NEAREST TOWN <i>of Vanleare</i>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <i>1</i>		
Pump Capacity (GPM) <i>7.5</i>	No. of Stages <i>2</i>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>235'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>225'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>235'</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) _____			
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WELL GROUTED TO A DEPTH OF <i>20</i> FEET	
Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or Mix	

SCREEN DATA		
Diameter - Inches <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>.004</i>
Screen Type <i>PVC Wrapped</i>	Depth to Bottom - Feet <i>235'</i>	

LOG DATA	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, <input checked="" type="radio"/> No Log Run, 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	
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	FORMATIONS (Continued)	FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>2</i>	RECEIVED JUL 21 1997		
<i>Red Clay</i>	<i>2</i>	<i>6</i>			
<i>Brown Clay</i>	<i>6</i>	<i>33</i>			
<i>Gray Med Sand</i>	<i>33</i>	<i>60</i>			
<i>Blue Clay Shred Sand</i>	<i>60</i>	<i>235</i>			
<i>Med Sand</i>	<i>235</i>	<i>270</i>			

Dept. of Environmental Quality
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If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 9

Please indicate well location X.

ADDITIONAL INFORMATION

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