

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 2703</i>	CODED
DATE WELL COMPLETED <i>5-26-98</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>Robert Lucas II-4</i>			
<i>Overlook Rd</i>			
<i>Vandevore Ms</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>15</i>	<i>6</i>	<i>8</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>5</i> Miles	<i>West</i>	<i>Vandevore</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.			

PUMP DATA		
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 <i>1</i>		
Pump Capacity (GPM) <i>7</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>65'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>55'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>65'</i>	Depth to Static Water Level <i>20'</i>

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 <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>65'</i>	

LOG DATA	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, <input checked="" type="radio"/> No Log Run, 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
<i>Top Soil</i>	<i>0</i>	<i>2</i>
<i>Brown Clay</i>	<i>2</i>	<i>40</i>
<i>White Med Sand</i>	<i>40</i>	<i>65</i>

FORMATIONS ENCOUNTERED	FROM	TO
RECEIVED		
AUG 12 1998		
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 15

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED

SEE PAGE 107

Office of Environmental Health
Department of Health and Human Services

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