

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
Jackson
 WELL NUMBER **52886** CODED
 DATE WELL COMPLETED
4-14-99

PERMIT NUMBER
 NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Robert Lucas AC-17
Regale Rd.
Vancleave Ms
 WELL LOCATION SEC **7** TOWNSHIP **6^N** RANGE **8^W**
 DISTANCE **8** Miles DIRECTION **West** of **Vancleave**
 OTHER LANDMARK
 WELL PURPOSE Home Irrigation, Municipal, Industrial, Fish Pond, etc.

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

WELL DATA
 Well Depth **147'** Casing Diameter (In) **2"** Casing Length (Ft) **137'**
 Type of Casing **PVC** Hole Depth **147'** Depth to Static Water Level **40'**

LOG DATA
 TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____
 Name of Organization Running Log _____

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

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

SCREEN DATA
 Diameter - Inches **2"** Length - Feet **10'** Siot Size - Inches **.004**
 Screen Type **PVC Wrapped** Depth to Bottom - Feet **147'**

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
Top Soil	0	2
Orange gray blue clay	2	80
Fine Med sand	80	100
Blue Clay	100	128
Med sand	128	147

FORMATIONS (Continued) FROM TO
RECEIVED
JUL 09 1999
 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 7

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED

DEPT. OF ENVIRONMENTAL & WATER RESOURCES
CITY OF LOS ANGELES

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