

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 **2-2049** CODED

DATE WELL COMPLETED
5-27-00

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Robert Lucas AF-6
Regale Drive
Vandover, Ms

WELL LOCATION SEC **7** TOWNSHIP **6** RANGE **8**

DISTANCE **8** MILES DIRECTION **West** NEAREST TOWN **Vandover**

OTHER LANDMARK

WELL PURPOSE Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, **Jet** Flowing Well, Other (Describe)

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) **M/P**

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 **167'** Casing Diameter (in) **2"** Casing Length (Ft) **157'**

Type of Casing **PVC** Hole Depth **167'** Depth to Static Water Level **45'**

LOG DATA

TYPE OF LOG RUN (Circle One):
Electric, Gamma Ray, Density, Sonic, **No Log Run**, 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)

GEOLOGIC DATA (Office Use Only)

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

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

Driller's Remarks

Top of _____ (if telescoped for more than one screen: use back page)

RECEIVED

SCREEN DATA

| Diameter - inches | Length - Feet | Slot Size - inches |
|--------------------------------|------------------------------------|--------------------|
| 2" | 10' | .004 |
| Screen Type PVC Wrapped | Depth to Bottom - Feet 167' | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| Top Soil | 0 | 3 |
| Original Red Blue Clay | 3 | 77 |
| Med Sand | 77 | 100 |
| Blue Clay | 100 | 130 |
| fine-med sand | 130 | 167 |
| | | |
| | | |
| | | |
| | | |
| | | |

FORMATIONS (Continued) **2000**

AUG 28 2000

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

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