

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 CODED
5-3127

DATE WELL COMPLETED
6-5-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Opel Brewster
Pulpwood Rd

Latitude:
Longitude: **Ocean Springs**

WELL LOCATION: SEC **12** TOWNSHIP **6 S** RANGE **9 EW**

DISTANCE **1** MILES DIRECTION **EAST** NEAREST TOWN **LATIMER**

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) _____ H/P **1**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	18
White Coarse Sand	18	31
Blue Clay	31	90
Medium Sand	90	116
Blue Clay	116	174
Laminated & Med Sand	174	192

WELL DATA

Well Depth **192'** Casing Diameter (In.) **2"** Casing Length (Ft.) **182'**

Type of Casing **DVC** Hole Depth **192'** Depth to Static Water Level **45'**

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

WELL GROUTED TO A DEPTH OF **18** FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches **2"** Length - Feet **10'** Slot Size - Inches **.004**

Screen Type **DK** Depth to Bottom - Feet **192'**

RECEIVED

AUG 12 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ritzell 472
Signature of Licensed Driller and License No.

7/24/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 12

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
8	2		
PUMP TEST			
Well yielded _____ GPM with			
a drawdown of _____ ft.			
after _____ hours of pumping			

LOG DATA

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

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