

COUNTY WELL LOCATED
Jackson

WELL NUMBER **R 316** CODED

DATE WELL COMPLETED
9-22-97

#18

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
J.B. Williams
Mt Pleasant Rd.
Vanderve, Ms

WELL LOCATION SEC **14** TOWNSHIP **6** RANGE **7**

DISTANCE **2 1/2** MILES DIRECTION **SE** NEAREST TOWN **Vanderve**

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) **8** 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 **138'** Casing Diameter (In) **2"** Casing Length (Ft.) **128'**

Type of Casing **PVC** Hole Depth **138'** Depth to Static Water Level **30'**

LOG DATA

TYPE OF LOG RUN (Circle One):
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 **30** 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'** Slot Size - Inches **.008**

Screen Type **PVC** Depth to Bottom - Feet **138'**

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
White Coarsesand	2	9
Red Clay	9	12
White Coarsesand	12	41
White Clay	41	90
White Coarsesand	90	138

FORMATIONS (Continued)

FROM TO

RECEIVED

NOV 03 1997

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 14

Please indicate well location X.

ADDITIONAL INFORMATION

Handwritten notes and lines for additional information.

RECEIVED

APR 8 0 1981

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Dept. of Environmental Quality

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