

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 W-336	CODED
DATE WELL COMPLETED 9-24-02	

PERMIT NUMBER
NAME OF DRILLING FIRM Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER Catherine Hughbanks C.L. Dees RD			
Latitude: Longitude: Vancleave, Ms,			
WELL LOCATION	SEC 29	TOWNSHIP 6 S	RANGE 7 W
DISTANCE 2 Miles	DIRECTION SOUTH of	NEAREST TOWN Vancleave	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> 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 _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	2	2
Orange Clay	2	18
White Coarse Sand	18	49
Blue Clay	49	84
Brown Coarse Sand	84	156
Blue Clay	156	265
Gray Coarse Sand	265	320
Blue Clay	320	335
Gray Coarse Sand	335	357
RECEIVED		
NOV 08 2002		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA

Well Depth 357'	Casing Diameter (In.) 2"	Casing Length (Ft.) 347'
Type of Casing PVC	Hole Depth 357'	Depth to Static Water Level 70'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA

Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches .008
Screen Type PVC	Depth to Bottom - Feet 357'	

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 Riedell 472
Signature of Licensed Driller and License No.

11-5-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 39

Please indicate well location X.

Pump Capacity (GPM) <u>6</u>	No. of Stages <u>2</u>	Setting Depth <u> </u> FT.
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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.