

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 Epickroon	
WELL NUMBER K-367	CODED
DATE WELL COMPLETED 6-3-03	

PERMIT NUMBER
NAME OF DRILLING FIRM Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER Scott Inabinette Inabinette Rd.			
Latitude: Longitude: Vanceleve Ms			
WELL LOCATION:	SEC 12	TOWNSHIP 6^N	RANGE 7^W
DISTANCE 3 Miles	DIRECTION EAST	NEAREST TOWN Vanceleve	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Jet , Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 2	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Orange Clay	2	18
Brown Coarse Sand	18	41
White + Orange Clay	41	105
Brown Coarse Sand	105	135
Blue Clay	135	347
Gray Medium Sand	347	365

WELL DATA		
Well Depth 365'	Casing Diameter (In.) 2"	Casing Length (Ft.) 350'
Type of Casing PVC	Hole Depth 365'	Depth to Static Water Level 85'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Natural Development , <input type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): Cement, <input checked="" type="radio"/> Bentonite , or Mix		

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 15'	Slot Size - Inches .006
Screen Type PVC	Depth to Bottom - Feet 365'	

RECEIVED	
JUN 23 2003	
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 Ridgell 472
Signature of Licensed Driller and License No.

6/18/03
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) <u>10</u>	No. of Stages <u>3</u>	Setting Depth 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.