

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 K-573	CODED
DATE WELL COMPLETED 7-23-03	

PERMIT NUMBER
NAME OF DRILLING FIRM Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER Brenda West			
SAN Juan Camp			
Latitude:			
Longitude: Vanclave, Ms			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	25	6 N	7 W
DISTANCE	DIRECTION	NEAREST TOWN	
4 Miles	SE	of Vanclave	
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, <input checked="" type="radio"/> J&T Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 1/2		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	1
Orange + Blue Clay	1	40
White Coarse Sand	40	48
Blue Clay	48	84
Brown Coarse Sand	84	135
RECEIVED		
AUG 11 2003		
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 135'	Casing Diameter (In.) 2"	Casing Length (Ft.) 125'
Type of Casing DVC	Hole Depth 135'	Depth to Static Water Level 15'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <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 10'	Slot Size - Inches .008
Screen Type PVC	Depth to Bottom - Feet 135'	

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.

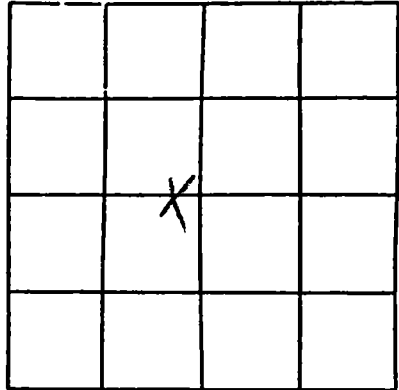
John Pittsford 472
Signature of Licensed Driller and License No.

8/6/03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 25

Please indicate well location X.

Pump Capacity (GPM) <u>6</u>	No. of Stages <u>1</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.