

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-380 CODED: _____
DATE WELL COMPLETED: 10-21-03

PERMIT NUMBER: _____
NAME OF DRILLING FIRM: Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER: Ron Miller
Wooded Acres
Latitude: _____ Longitude: Vanceleave, MS
WELL LOCATION: SEC 19 TOWNSHIP 6^N 7^E RANGE 7^W
DISTANCE 2 Miles DIRECTION SW of NEAREST TOWN Vanceleave
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 2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	1
Orange clay	1	18
White coarse sand	18	30
Blue Clay	30	93
Brown coarse sand	93	190
Blue clay	190	335
Grey coarse sand	335	367

WELL DATA
Well Depth: 367' Casing Diameter (In.): 2" Casing Length (Ft.): 352'
Type of Casing: PVC Hole Depth: 367' Depth to Static Water Level: 90'
TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, 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: 15' Slot Size - Inches: .008
Screen Type: PVC Depth to Bottom - Feet: 367'

RECEIVED
OCT 30 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.

Josh Reddell 4972
Signature of Licensed Driller and License No.

10/29/03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 19

Please indicate well location X.

Pump Capacity (GPM) <u>8</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.