

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  
**Carrollson**

WELL NUMBER  
**N-404** CODED

DATE WELL COMPLETED  
**5-12-04**

PERMIT NUMBER

NAME OF DRILLING FIRM  
**Coast Water Well Service**

NAME & MAILING ADDRESS OF LANDOWNER  
**Regency Homes**

**Sprey Lane, Lot 27**

Latitude:  
Longitude: **Vanleave, MS**

WELL LOCATION: SEC **14** TOWNSHIP **6 S** RANGE **7 E**

DISTANCE **2** Miles **EAST** of **Vanleave**

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**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<b>Top Soil</b>	<b>0</b>	<b>2</b>
<b>Orange Clay</b>	<b>2</b>	<b>18</b>
<b>Brown Coarser Sand</b>	<b>18</b>	<b>43</b>
<b>Orange White Clay</b>	<b>43</b>	<b>89</b>
<b>Brown Medium Sand</b>	<b>89</b>	<b>126</b>

WELL DATA

Well Depth **125** Casing Diameter (In.) **2"** Casing Length (Ft.) **115'**

Type of Casing **PVC** Hole Depth **125** Depth to Static Water Level **25**

TYPE OF COMPLETION: (Circle One or More):  
Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other  
 Natural Development (Describe) \_\_\_\_\_

WELL GROUTED TO A DEPTH OF **10 FT** FEET  
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches **2"** Length - Feet **10'** Slot Size - Inches **5/16"**

Screen Type **PVC SCH 80** Depth to Bottom - Feet **125**

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

**RECEIVED**

**MAY 26 2004**

**BY: OLWR**

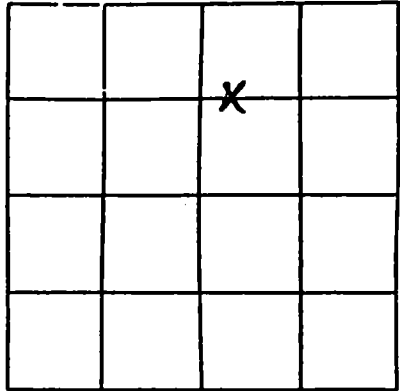
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Signature of Licensed Driller *John Ruffell* 472  
Date **5-24-04**

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 14

Please indicate well location X.

Pump Capacity (GPM) <u>8.5</u>	No. of Stages <u>2</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.