

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Bureau of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <i>Jackson</i>	
WELL NUMBER <i>R 2347</i>	CODED
DATE WELL COMPLETED <i>2-20-92</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coast Water Well Serv. Inc.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Frank Burt</i>			
WELL LOCATION: SEC <i>24</i> TOWNSHIP <i>6 N</i> RANGE <i>7 E</i>			
DISTANCE <i>3</i> Miles	DIRECTION <i>East</i>	NEAREST TOWN <i>Thuleave</i>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____		
Pump Capacity (GPM)	No. of Stages	Setting Depth  FT.
PUMP TEST Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <i>451</i>	Casing Diameter (In.) <i>24</i>	Casing Length (Ft.) <i>401</i>
Type of Casing <i>PVC</i>	Hole Depth <i>451</i>	Depth to Static Water Level <i>151</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
Top of Lap Pipe or Reduction in Casing  FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <i>24</i>	Length - Feet <i>51</i>	Slot Size - Inches <i>.008</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>451</i>	

<b>GEOLOGIC DATA (Office Use Only)</b>			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			

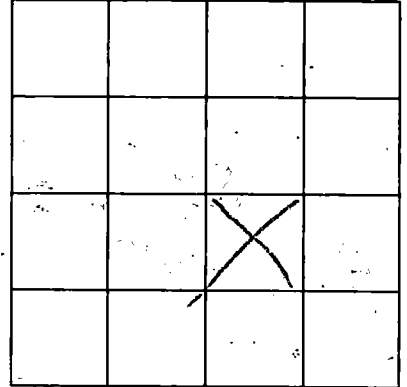
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top soil</i>	<i>0</i>	<i>2</i>
<i>yellow clay</i>	<i>2</i>	<i>18</i>
<i>Coarse white sand</i>	<i>18</i>	<i>45</i>

FORMATIONS (Continued)	FROM	TO
<b>RECEIVED</b>		
MAR 23 1992		
Dept. of Environmental Quality Bureau of Land & Water Resources		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please  
sketch and show depths.

GROUND LEVEL



SECTION \_\_\_\_\_

Please indicate well location X.

ADDITIONAL INFORMATION

Lined area for additional information.

RECEIVED

STATE OF CALIFORNIA  
DEPARTMENT OF WATER RESOURCES

If more than one screen,  
show location of each on sketch.