

**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>R2354</i>	CODED
DATE WELL COMPLETED <i>4-7-92</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>Jerry Bossarge</i>			
WELL LOCATION: SEC <u>27</u> TOWNSHIP <u>6 N</u> RANGE <u>7 E</u>			
DISTANCE <u>3</u> Miles		DIRECTION <u>SE</u> of NEAREST TOWN <u>Threave</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Irrigation, Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>		
Pump Capacity (GPM) <u>9</u>	No. of Stages <u>2</u>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <u>478'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>463'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>478'</u>	Depth to Static Water Level <u>45'</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other _____		
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): Electric, Gamma Ray, Density, Sonic, <u>No Log Run</u> , Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>473'</u>	

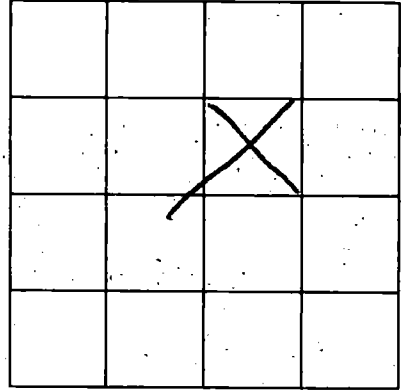
<b>RECEIVED</b>			
Surface Elev. _____	_____	_____	_____
Subs. SWL _____	Date <u>OCT 07 1992</u>	Analysis _____	Aquifer Test _____
Driller's Remarks			
<b>Dept. of Environmental Quality Bureau of Land &amp; Water Resources</b>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>Top soil</i>	<i>0</i>	<i>2</i>	<i>Blue clay</i>	<i>473</i>	<i>478</i>
<i>red clay</i>	<i>2</i>	<i>25</i>			
<i>med. sand</i>	<i>25</i>	<i>40</i>			
<i>gray sand</i>	<i>40</i>	<i>100</i>			
<i>coarse sand</i>	<i>100</i>	<i>147</i>			
<i>blue clay</i>	<i>147</i>	<i>225</i>			
<i>fine to med. sand</i>	<i>225</i>	<i>250</i>			
<i>blue clay/sand</i>	<i>250</i>	<i>389</i>			
<i>fine soil, sh/ clay/ silt</i>	<i>389</i>	<i>430</i>			
<i>blue clay</i>	<i>430</i>	<i>455</i>			
<i>coarse sand</i>	<i>455</i>	<i>473</i>			

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

RECEIVED

NOV 1985

Division of Environmental Control  
New York State Department of Environmental Conservation

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