

**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 <i>Jackson</i> | |
| WELL NUMBER <i>K 2397</i> | CODED |
| DATE WELL COMPLETED <i>9-21-90</i> | |

| |
|---|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <i>Coastwater Well Service</i> |

| | | | |
|--|-----------|-----------------|----------|
| NAME & MAILING ADDRESS OF LANDOWNER <i>Charlotte Sadler Johna Bayou Rd. Vance, Mo.</i> | | | |
| WELL LOCATION | SEC | TOWNSHIP | RANGE |
| | <i>4</i> | <i>6 N 7 E</i> | <i>W</i> |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| <i>3</i> Miles | <i>SE</i> | of <i>Vance</i> | |
| OTHER LANDMARK | | | |
| WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc. | | | |

| | | |
|---|---------------------------|---------------------------------|
| PUMP DATA | | |
| PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="checkbox"/> Jet, Flowing Well, Other (Describe) _____ | | |
| POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <i>1</i> | | |
| Pump Capacity (GPM) <i>11</i> | No. of Stages <i>2</i> | Setting Depth FT. |
| PUMP TEST | | |
| Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping | | |

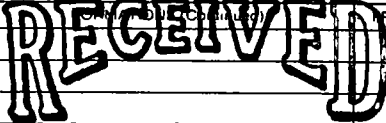
| | | |
|---|------------------------------------|---|
| WELL DATA | | |
| Well Depth <i>140'</i> | Casing Diameter (In.) <i>2"</i> | Casing Length (Ft.) <i>130'</i> |
| Type of Casing <i>PVC</i> | Hole Depth <i>140'</i> | Depth to Static Water Level <i>30'</i> |
| TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <input checked="" type="checkbox"/> Natural Development, Open Hole, Other (Describe) _____ | | |
| WELL GROUTED TO A DEPTH OF <i>20</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix | | |

| | |
|---|--|
| LOG DATA | |
| TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ <input checked="" type="checkbox"/> No Log Run | |
| Name of Organization Running Log | |

| | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <i>2"</i> | Length - Feet <i>10'</i> | Slot Size - Inches <i>.004</i> |
| Screen Type <i>PVC wrapped</i> | Depth to Bottom - Feet <i>140'</i> | |

| | | | |
|--|---------------|--|--------------|
| GEOLOGIC DATA (Office Use Only) | | | |
| Surface Elev. | Geologic Unit | Unit Thickness | Depth to Top |
| Subs. SWL | Date | Analysis | Aquifer Test |
| Driller's Remarks | | | |
| Top of Lap Pipe or Reduction in Casing | | | |
| FEET | | IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| <i>Top Soil</i> | <i>0</i> | <i>2</i> |
| <i>Brown Clay</i> | <i>2</i> | <i>19</i> |
| <i>White Coarse Sand</i> | <i>19</i> | <i>55</i> |
| <i>Blue Clay Shale</i> | <i>55</i> | <i>105</i> |
| <i>Med Gray Sand</i> | <i>105</i> | <i>140</i> |
| | | |
| | | |
| | | |
| | | |



OCT 07 1996

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|---|--|--|--|
| | | | |
| | | | |
| X | | | |
| | | | |

SECTION 4

Please indicate well location X.

ADDITIONAL INFORMATION

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