

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 CODED
R-2784

DATE WELL COMPLETED
11-16-01

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Edward Havens
BRELAND RD
Vancleave, MS

Latitude:
Longitude:

WELL LOCATION SEC TOWNSHIP RANGE
9 6 S 7 W

DISTANCE DIRECTION NEAREST TOWN
1/2 Miles NORTH of Vancleave

OTHER LANDMARK

WELL PURPOSE (Circle one) Irrigation, Municipal, Industrial, Fish Pond, etc.
Irrigation

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 1

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP SOIL	0	2
Orange + white clay	2	50
White coarse sand	50	93
Blue clay	93	150
Medium sand	150	195
Blue clay	195	230
Medium + coarse sand	230	267

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)
267' 2" 257'

Type of Casing Hole Depth Depth to Static Water Level
PVC 267' 50'

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 Length - Feet Slot Size - inches
2" 10' .008

Screen Type Depth to Bottom - Feet
PVC 267'

REC'D JAN 24 2002

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.

Jack Reddell, 472
Signature of Licensed Driller and License No.

12/25/01
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 9

Please indicate well location X.

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