

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 ASSOCIATED
Carroll
 WELL NUMBER **K-279** CODED
 DATE WELL COMPLETED
3-15-02

PERMIT NUMBER
 NAME OF DRILLING FIRM
Coast Water Well
Service

NAME & MAILING ADDRESS OF LANDOWNER
Tom Stiglets
Petrian Bayou Rd.
 Latitude:
 Longitude: **Vandœuvre, Ms**
 WELL LOCATION: SEC **10** TOWNSHIP **6 N** RANGE **7 W**
 DISTANCE **1** Miles **East** of **Vandœuvre**
 OTHER LANDMARK
 WELL PURPOSE: Home Irrigation, Municipal, Industrial, Fish Pond, etc.

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 **2**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Topsoil	0	2
Orange Clay	2	17
White Coarse Sand	17	31
White + Orange Clay	31	58
Blue Coarse Sand	58	131
Blue Clay	131	284
Gray Coarse Sand	284	310

WELL DATA

Well Depth **310'** Casing Diameter (In.) **2"** Casing Length (Ft.) **300'**
 Type of Casing **PVC** Hole Depth **310'** Depth to Static Water Level **70'**
 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 **2"** Length - Feet **10'** Slot Size - Inches **.008**
 Screen Type **PVC** Depth to Bottom - Feet **310'**

RECEIVED
MAY 15 2002
BY: OLWR

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.

Signature of Licensed Driller and License No. **Jim Reddell 472** Date **5/11/02**

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 10

Please indicate well location X.

Pump Capacity (GPM) <u>10</u>	No. of Stages <u>3</u>	Setting Depth _____ FT.
----------------------------------	---------------------------	----------------------------

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.