

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
CHICKASAW
 WELL NUMBER **L-2136** CODED
 DATE WELL COMPLETED **1-29-02**

PERMIT NUMBER
 NAME OF DRILLING FIRM
Coast Water Well
Ser Well

NAME & MAILING ADDRESS OF LANDOWNER
Shame Bennett
Three Oaks Rd.
 Latitude:
 Longitude: **Moss Point, Mo.**
 WELL LOCATION SEC **12** TOWNSHIP **6^N** RANGE **6^W**
 DISTANCE **8** Miles **North** of **Moss Point**
 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 1**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	3
Gray clay	3	10
White coarse sand	10	103
Blue clay w/str of sand	103	283
gray medium sand	283	290

WELL DATA

Well Depth **290'** Casing Diameter (In.) **2"** Casing Length (Ft.) **285'**
 Type of Casing **PVC** Hole Depth **290'** Depth to Static Water Level **30'**
 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 **5'** Slot Size - inches **.004**
 Screen Type **PVC** Depth to Bottom - Feet **290'**

RECEIVED

MAR 15 2002

Dept. of Environmental Quality
 Office of Land & Water Resources

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.

John Reddell 472
 Signature of Licensed Driller and License No.

3/8/02
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 12

Please indicate well location X.

Pump Capacity (GPM) <u>10</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.