

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WHERE LOCATED
Jackson

WELL NUMBER
M-375

CODED

PERMIT NUMBER

DATE WELL COMPLETED
1-30-03

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Kasie White

Hans Rd

Latitude:
Longitude: **Moss Point, Ms**

WELL LOCATION. SEC 29 TOWNSHIP 6 RANGE 5

DISTANCE 1 1/2 MILES DIRECTION — NEAREST TOWN Helena

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, 1/2 Butane, Other (Describe) _____ H/P 1/2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	1
White Clay	1	12
White (Coarse) Sand & Gravel	12	58
Blue Clay	58	98
White (Coarse) Sand	98	150
Blue Clay w/ Str. of Sand	150	228
Grey Medium Sand	228	249

WELL DATA

Well Depth 249' Casing Diameter (In.) 2" Casing Length (Ft.) 239'

Type of Casing PVC Hole Depth 249' Depth to Static Water Level 10'

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 .006

Screen Type pvc Depth to Bottom - Feet 249'

RECEIVED

FEB 06 2003

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.

Jack Reddyell 472 2/03/03
Signature of Licensed Driller and License No. Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 29

Please indicate well location X.

Pump Capacity (GPM) <u>7</u>	No. of Stages <u>1</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):
 Electric, Gamma Ray, Density, No Log Run, 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.