

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Bureau 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>N2270</i>	CODED
DATE WELL COMPLETED <i>9-10-92</i>	

PERMIT NUMBER
NAME OF DRILLING ENTITY <i>Coastal Water Well, Inc.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Glen Blaylock</i>			
WELL LOCATION: SEC <u>10</u> TOWNSHIP <u>6 N</u> RANGE <u>5 E</u>			
DISTANCE <u>3 1/2</u> Miles	DIRECTION <u>S</u>	NEAREST TOWN <u>Big Point</u>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>		
Pump Capacity (GPM) <u>12</u>	No. of Stages <u>2</u>	Setting Depth <u> </u> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <u>210'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>200'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>210'</u>	Depth to Static Water Level <u>12'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		
Top of Lap Pipe or Reduction in Casing <u> </u>		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

LOG DATA	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____ <u>No Log Run</u>	
Name of Organization Running Log <u> </u>	

SCREEN DATA		
Diameter - Inches <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>210'</u>	

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks <u> </u>			

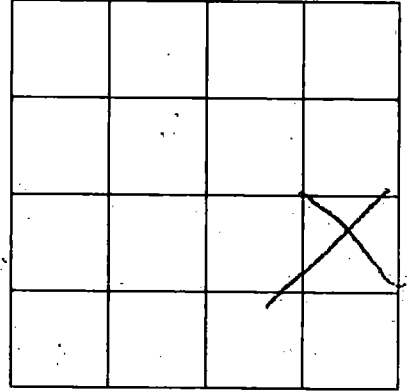
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>Top soil</i>	<i>0</i>	<i>2</i>			
<i>yellow green clay</i>	<i>2</i>	<i>20</i>			
<i>Blue clay shell</i>	<i>20</i>	<i>42</i>			
<i>Coarse sand/gravel</i>	<i>42</i>	<i>130</i>			
<i>Blue clay silt sand</i>	<i>130</i>	<i>175</i>			
<i>Coarse sand</i>	<i>175</i>	<i>196</i>			
<i>Blue clay silt sand</i>	<i>196</i>	<i>210</i>			

RECEIVED
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Bureau of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

Lined area for additional information.

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