

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
N-764

DATE WELL COMPLETED
10-15-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Jim Stover
Belle Fountain Beach

Latitude:
Longitude: **Ocean Springs**

WELL LOCATION: SEC **13** TOWNSHIP **8 N** RANGE **8 W**

DISTANCE **5** Miles DIRECTION **SE** of NEAREST TOWN **Ocean Springs**

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
White coarse sand	0	15
Blue clay	15	61
White coarse sand	61	82
Blue clay	82	186
Medium sand	186	205
Blue clay w/str of sand	205	357
Gray coarse sand	357	385

WELL DATA

Well Depth 385'	Casing Diameter (In.) 2"	Casing Length (Ft.) 375'
Type of Casing DVC	Motor Depth 385'	Depth to Static Water Level 55'

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 0.008
Screen Type PVC	Depth to Bottom - Feet 385'	

RECEIVED

NOV 08 2002

BY: OLWR

Top of Cap 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.

Joseph Riddell 472
Signature of Licensed Driller and License No.

11-5-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 13

Please indicate well location X.

Pump Capacity (GPM) <u>8</u>	No. of Stages <u>2</u>	Setting Depth <u> </u> 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.