

Jackson
 COUNTY WELL LOCATED
~~Harrison~~
 WELL NUMBER CODED
 N-156
 DATE WELL COMPLETED
 11-07-02

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

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

PERMIT NUMBER
 NAME OF DRILLING FIRM
Crystal Drilling Service Co.

NAME & MAILING ADDRESS OF LANDOWNER
Yaelix Rose
4246
Brittany Rd. Beloxi, MS
 Latitude:
 Longitude:
 WELL LOCATION. SEC TOWNSHIP RANGE
15 7 N 9 E
 DISTANCE DIRECTION NEAREST TOWN
 _____ Miles _____ of *St. Martin Bayou*
 OTHER LANDMARK
 WELL PURPOSE (Home Irrigation, Municipal, Industrial, Fish Pond, etc.)
Home

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 _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	1	3
Coarse white sand	3	30
White silt sand	30	85
Marsh Mud	85	90
Soft Blue Clay	90	160
Hard Blue Clay	160	220
Fine Water sand	220	240
Good Watersand	240	265

WELL DATA
 Well Depth Casing Diameter (In.) Casing Length (Ft.)
265' *2"* *255'*
 Type of Casing Hole Depth Depth to Static Water Level
PVC *265'* *45'*
 TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
 (Describe) _____
 WELL GROUTED TO A DEPTH OF *15* FEET
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA
 Diameter - Inches Length - Feet Slot Size - Inches
2" *10'* *.006*
 Screen Type Depth to Bottom, Feet
PVC *265'*

RECEIVED
 NOV 18 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.

Dwight Meson 0-209
 Signature of Licensed Driller and License No.

11-15-2002
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
9 GPM	2	60'	FT.
PUMP TEST			
Well yielded _____ 9 _____ GPM with			
a drawdown of _____ 0 _____ ft.			
after _____ 2 _____ 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.