

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
D-175

CODED

DATE WELL COMPLETED
1-22-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Salaco Construction
old Shell Landing

Latitude:

Longitude: *Ocean Springs Ms.*

WELL LOCATION: SEC *32* TOWNSHIP *7* RANGE *7*

DISTANCE *1/16* Miles DIRECTION *West* of NEAREST TOWN *Gowater*

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

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| <i>TOP SOIL</i> | <i>0</i> | <i>2</i> |
| <i>Gray Clay</i> | <i>2</i> | <i>40</i> |
| <i>White coarse sand</i> | <i>40</i> | <i>49</i> |
| <i>Blue Clay</i> | <i>49</i> | <i>124</i> |
| <i>Gray Medium Sand</i> | <i>124</i> | <i>150</i> |
| <i>Blue Clay w/ streaks of sand</i> | <i>150</i> | <i>415</i> |
| <i>Gray Medium Sand</i> | <i>415</i> | <i>430</i> |
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WELL DATA

Well Depth *430'* Casing Diameter (In.) *2"* Casing Length (Ft.) *420'*

Type of Casing *PVC* Hole Depth *430'* Depth to Static Water Level *70'*

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 *430'*

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 Pitts 472
Signature of Licensed Driller and License No.

2-3-03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|--|--|---|--|
| | | | |
| | | | |
| | | X | |
| | | | |

SECTION 32

Please indicate well location X.

| | | |
|---------------------------------|---------------------------|----------------------------|
| Pump Capacity (GPM) <u>6</u> | No. of Stages <u>2</u> | Setting Depth _____ FT. |
|---------------------------------|---------------------------|----------------------------|

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.