

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  
*NR 813*

CODED

DATE WELL COMPLETED  
*5-13-03*

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Coastal Water Well Service*

NAME & MAILING ADDRESS OF LANDOWNER  
*Johnson Homes  
Pointe Aux Chenes*

Latitude:

Longitude: *Ocean Springs, Ms.*

WELL LOCATION: SEC *2* TOWNSHIP *8 N* RANGE *8 E*

DISTANCE *2* 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 \_\_\_\_\_

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>TOP SOIL</i>	<i>0</i>	<i>2</i>
<i>White coarse sand</i>	<i>1</i>	<i>51</i>
<i>Blue clay</i>	<i>51</i>	<i>80</i>
<i>Gray medium sand</i>	<i>80</i>	<i>170</i>

RECEIVED

JUN 04 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET  IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth *170'* Casing Diameter (In.) *2"* Casing Length (Ft.) *160'*

Type of Casing *PVC* Hole Depth *170'* Depth to Static Water Level *25'*

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,  Mix

SCREEN DATA

Diameter - Inches *2"* Length - Feet *10'* Slot Size - Inches *.006*

Screen Type *PVC* Depth to Bottom - Feet *170'*

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.

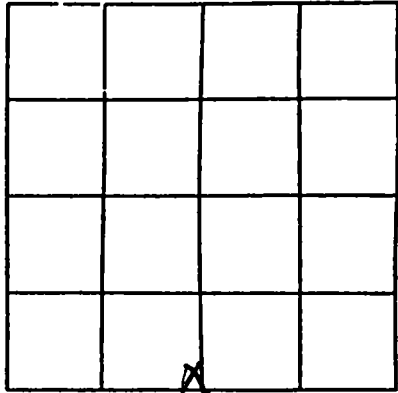
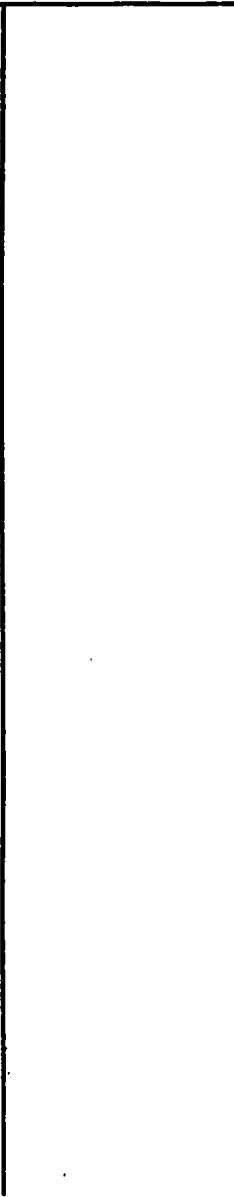
*Jack Rydell 492*  
Signature of Licensed Driller and License No.

*5/31/03*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 2

Please indicate well location X.

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