

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-815	CODED
DATE WELL COMPLETED 4-14-03	

PERMIT NUMBER
NAME OF DRILLING FIRM Coastal Drilling & Service CO.

NAME & MAILING ADDRESS OF LANDOWNER Robert Hudson 4240 Wild Oaks Dr. Ocean Springs MS.			
Latitude:			
Longitude:			
WELL LOCATION	SEC 35	TOWNSHIP 7 N	RANGE 8 E
DISTANCE 1 Miles	DIRECTION SE	NEAREST TOWN Ocean Springs	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. Home			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Flowing Well, Other (Describe)	
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) H/P 2	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP SOIL	1	2
Red CLAY	2	25
Blue CLAY	25	45
Fine water sand	45	200
hard Blue CLAY	205	330
fine water sand	330	405
good water sand	405	460

WELL DATA		
Well Depth 460'	Casing Diameter (In.) 2"	Casing Length (Ft.) 450'
Type of Casing PVC	Hole Depth 460'	Depth to Static Water Level 70'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe)		
WELL GROUTED TO A DEPTH OF 15 FEET Type Grout (circle one): Cement, Bentonite, or Mix		

RECEIVED
JUN 16 2003
BY: OLWR

Top of Lap Pipe or Reduction in Casing	FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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SCREEN DATA		
Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches .006
Screen Type PVC	Depth to Bottom - Feet 460'	

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.

Robert Hudson 0-209
Signature of Licensed Driller and License No.

6-11-03
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	
12	3	80	FT.

PUMP TEST

Well yielded 12 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.