

Jackson

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
Harrison

WELL NUMBER	CODED
<u>N-850</u>	
DATE WELL COMPLETED	
<u>Dec 10 2003</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM
<u>Crestal Drilling Service Co</u>

NAME & MAILING ADDRESS OF LANDOWNER
<u>Michael McLaughlin</u>
<u>1411 Jeanette Dr. O.S.</u>
Latitude:
Longitude:
WELL LOCATION: SEC <u>35</u> TOWNSHIP <u>7</u> RANGE <u>9</u>
DISTANCE <u>2</u> MILES DIRECTION <u>E</u> of NEAREST TOWN <u>Osprey</u>
OTHER LANDMARK
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Home</u>

PUMP DATA	
PUMP TYPE (Circle One):	Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____
POWER TYPE (Circle One):	Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ <u>H/P</u>

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top soil</u>	<u>1</u>	<u>5</u>
<u>Red clay</u>	<u>5</u>	<u>21</u>
<u>White sand</u>	<u>21</u>	<u>35</u>
<u>pipe clay</u>	<u>35</u>	<u>70</u>
<u>Soft blue clay</u>	<u>70</u>	<u>150</u>
<u>white clay</u>	<u>150</u>	<u>290</u>
<u>hard blue clay</u>	<u>290</u>	<u>300</u>
<u>fine white sand</u>	<u>300</u>	<u>350</u>
<u>Course sand</u>	<u>350</u>	<u>370</u>

WELL DATA		
Well Depth <u>370</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>360</u>
Type of Casing <u>PVC</u>	Hole Depth <u>370</u>	Depth to Static Water Level <u>40</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) <u>15</u>		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>2"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>P.V.C.</u>	Depth to Bottom - Feet <u>370</u>	

<p>RECEIVED</p> <p>JAN 08 2004</p> <p>BY: OLWR</p>
<p>Top of Lap Pipe or Reduction in Casing</p> <p>FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE</p>

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.

Dept. McLaughlin 0-209
Signature of Licensed Driller and License No.

1-05-04
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	
8	2	30	FT.
PUMP TEST			
Well yielded <u>8</u> GPM with			
a drawdown of <u>0</u> ft.			
after <u>2</u> 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.