

59

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-807

DATE WELL COMPLETED
June 10-18-04

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Drilling Service Co

NAME & MAILING ADDRESS OF LANDOWNER
MS Freeman

Neshoba St
6708 Neshobaville

Latitude:

Longitude:

WELL LOCATION: SEC **15** TOWNSHIP **7** RANGE **9**

DISTANCE DIRECTION NEAREST TOWN

Miles of

OTHER LANDMARK
1/2 mile E of Lillieville

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	18
Red Clay	18	48
Blue clay	48	179
Hard clay	179	280
white sand	280	360
course sand	360	470
Clay	470	580
fine sand	580	700
good sand	700	790
course white sand	790	800

WELL DATA

Well Depth **800** Casing Diameter (In.) **2"** Casing Length (Ft.) **790**

Type of Casing **PVC** Hole Depth **800** Depth to Static Water Level **80**

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

Screen Type **PVC** Depth to Bottom - Feet **800**

RECEIVED

JUL 07 2004

BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

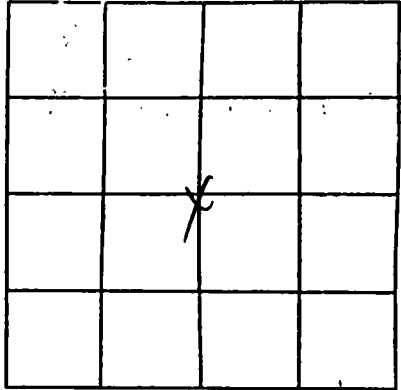
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Daryl Moore 0209 **7-2-04**
Signature of Licensed Driller and License No. Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well location X.

Pump Capacity (GPM) <u>15</u>	No. of Stages <u>1</u>	Setting Depth <u>80</u>	FT.
PUMP TEST			
Well yielded <u>15</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): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	No Log Run.
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.