

**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 <i>Jackson</i>	
WELL NUMBER <i>N 2508</i>	CODED
DATE WELL COMPLETED <i>7-14-99</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coast Water Well Service</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Carroll Hixgenbrotham Old Fort Bayou Rd Ocean Springs, Ms</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>9</i>	<i>7^N</i>	<i>8^W</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>3</i> Miles	<i>North</i> of	<i>Ocean Springs</i>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA			
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="checkbox"/> Jet, Flowing Well, Other (Describe) _____			
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <i>1</i>			
Pump Capacity (GPM) <i>8</i>	No. of Stages <i>2</i>	Setting Depth _____ FT.	
PUMP TEST			
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping			

WELL DATA		
Well Depth <i>190'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>180'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>190'</i>	Depth to Static Water Level <i>35'</i>

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) _____			
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WELL GROUTED TO A DEPTH OF <i>20</i> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or Mix
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SCREEN DATA		
Diameter - Inches <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>.008</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>190'</i>	

LOG DATA	
TYPE OF LOG RUN (Circle One): <input checked="" type="checkbox"/> 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			
Top of Lap Pipe or Reduction in Casing			
FEET			IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>2</i>			
<i>White coarse sand</i>	<i>2</i>	<i>17</i>			
<i>Blue Clay</i>	<i>17</i>	<i>80</i>			
<i>White coarse sand</i>	<i>80</i>	<i>115</i>			
<i>Blue Clay</i>	<i>115</i>	<i>168</i>			
<i>Grey Coarse sand</i>	<i>168</i>	<i>190</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 9

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen,
show location of each on sketch.