

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-2663</i>	CODED
DATE WELL COMPLETED <i>8-1-01</i>	

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

NAME & MAILING ADDRESS OF LANDOWNER <i>Don Tillilie Bellefontaine Beach West Ocala Springs, Ms</i>
Latitude: Longitude:
WELL LOCATION: SEC <u>13</u> TOWNSHIP <u>8<sup>N</sup></u> RANGE <u>8<sup>W</sup></u>
DISTANCE <u>4</u> Miles DIRECTION <u>SE</u> of NEAREST TOWN <u>Ocean Springs</u>
OTHER LANDMARK
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA
PUMP TYPE (Circle One): Submersible, Turbine, <u><input checked="" type="radio"/></u> Jet, <input type="radio"/> Flowing Well, Other (Describe) _____
POWER TYPE (Circle One): <u><input checked="" type="radio"/></u> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <u>1</u>

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>White Coar. Sand</i>	<i>9</i>	<i>14</i>
<i>Gray Clay</i>	<i>14</i>	<i>16</i>
<i>White Coarse Sand</i>	<i>16</i>	<i>84</i>
<i>Gray + Blue Clay</i>	<i>84</i>	<i>180</i>
<i>Gray med coarse sand</i>	<i>180</i>	<i>230</i>
<i>Blue Clay + sand</i>	<i>230</i>	<i>420</i>
<i>Med. sand</i>	<i>420</i>	<i>452</i>

WELL DATA

Well Depth <u>452'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>437'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>452'</u>	Depth to Static Water Level <u>50'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA

Diameter - Inches <u>2"</u>	Length - Feet <u>15'</u>	Slot Size - Inches <u>.004</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>452'</u>	

REC'D OCT 22 2001

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.

*Jack Redgill 472*  
Signature of Licensed Driller and License No.

10-16-01  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 13

Please indicate well location X.

Pump Capacity (GPM) <u>8.5</u>	No. of Stages <u>2</u>	Setting Depth <u>    </u> FT.
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

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