

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 **11-2082** CODED _____

DATE WELL COMPLETED
10-20-01

PERMIT NUMBER _____

NAME OF DRILLING FIRM
Coastal Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Brunner Martin
OLD FORT BAYOU RD
OCEAN SPRINGS, MS

Latitude: _____
Longitude: _____

WELL LOCATION SEC **8** TOWNSHIP **7 N** RANGE **8 W**

DISTANCE **2 1/2** Miles DIRECTION **NE** NEAREST TOWN **OCEAN SPRINGS**

OTHER LANDMARK _____

WELL PURPOSE Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

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 **1**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Ornamental + Blue Clay	2	79
Low Medium Sand	79	105
Blue Clay	105	126
Medium art coarse Sand	126	188
Blue Clay	188	345
Gray coarse Sand	345	390

WELL DATA

Well Depth **390'** Casing Diameter (In.) **2"** Casing Length (Ft.) **375'**

Type of Casing **PVC** Hole Depth **390'** Depth to Static Water Level **90'**

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Natural Development, Underreamed, Telescoped,
 Open Hole, Other (Describe) _____

WELL GROUTED TO A DEPTH OF **10** FEET
Type Grout (circle one): Cement, Bentonite, Mix

SCREEN DATA

Diameter - inches **2"** Length - Feet **15'** Slot Size - Inches **.008**

Screen Type **PVC** Depth to Bottom - Feet **390'**

Top of Lap Pipe or Reduction in Casing _____

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

RECD JAN 22 2002

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.

Jim Reddell - 472
Signature of Licensed Driller and License No.

12-28-01
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 8

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
6	2	FT.

PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One):
 Electric, Gamma Ray, Density, Sonic, No Log Run, 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.