

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 CODED
№ 2781

DATE WELL COMPLETED
5-22-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Bryan Baker

Porpoise St.

Latitude:
Longitude: **Ocean Springs Ms.**

WELL LOCATION: SEC 11 TOWNSHIP 8 RANGE 8 (W)

DISTANCE DIRECTION NEAREST TOWN
3 Miles **SE** of **Ocean Springs**

OTHER LANDMARK

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

PUMP DATA (Well only)

PUMP TYPE (Circle One):
Submersible, Turbine, ~~Other~~ Flowing Well,
Other (Describe) _____

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
White coarse sand	0	50
Blue clay	50	72
White coarse sand	72	78
Blue clay	78	142
Gray + white coarse sand	142	167

WELL DATA

Well Depth 167'	Casing Diameter (In.) 2"	Casing Length (Ft.) 157'
Type of Casing PVC	Hole Depth 167'	Depth to Static Water Level 27'

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

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

SCREEN DATA

Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches .008
Screen Type PVC	Depth to Bottom - Feet 167'	

RECEIVED

JUL 25 2002

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.

Jack Pittell 472
Signature of Licensed Driller and License No.

6/21/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 11

Please indicate well location X.

Pump Capacity (GPM) <i>N/A</i>	No. of Stages <i>N/A</i>	Setting Depth _____ 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, Neutron, Other (Describe) _____	<u>No Log Run.</u>
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.