

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 REPORTED  
**JACKSON**

WELL NUMBER CODED  
**N-2727**

DATE WELL COMPLETED  
**10-24-02**

PERMIT NUMBER

NAME OF DRILLING FIRM  
**Coast Water Well Service**

NAME & MAILING ADDRESS OF LANDOWNER  
**Homer Wallace**  
**Belle Fountain Beach**

Latitude:  
Longitude: **Ocean Springs, Ms**

WELL LOCATION: SEC **13** TOWNSHIP **8** RANGE **8**

DISTANCE **5** MILES DIRECTION **SE** 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 1/2**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	1
White Coarse Sand	1	17
Gray Clay	17	47
White Coarse Sand	47	59
Blue Clay w/ str. of sand	59	158
Medium Sand	158	185
Blue Clay w/ str. of sand	185	362
Medium Coarse Sand	362	381

WELL DATA

Well Depth <b>381'</b>	Casing Diameter (In.) <b>4 1/2</b>	Casing Length (Ft.) <b>360'</b>
Type of Casing <b>PVC</b>	Hole Depth <b>381'</b>	Depth to Static Water Level <b>60'</b>

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

WELL GROUTED TO A DEPTH OF **13** FEET  
Type Grout (circle one):  Cement,  Bentonite,  Mix

SCREEN DATA

Diameter - Inches <b>2"</b>	Length - Feet <b>15'</b>	Slot Size - Inches <b>.004</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>381'</b>	

Top of Lap Pipe or Reduction in Casing

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

RECEIVED

AT 11:12 2002

BY: OLWR

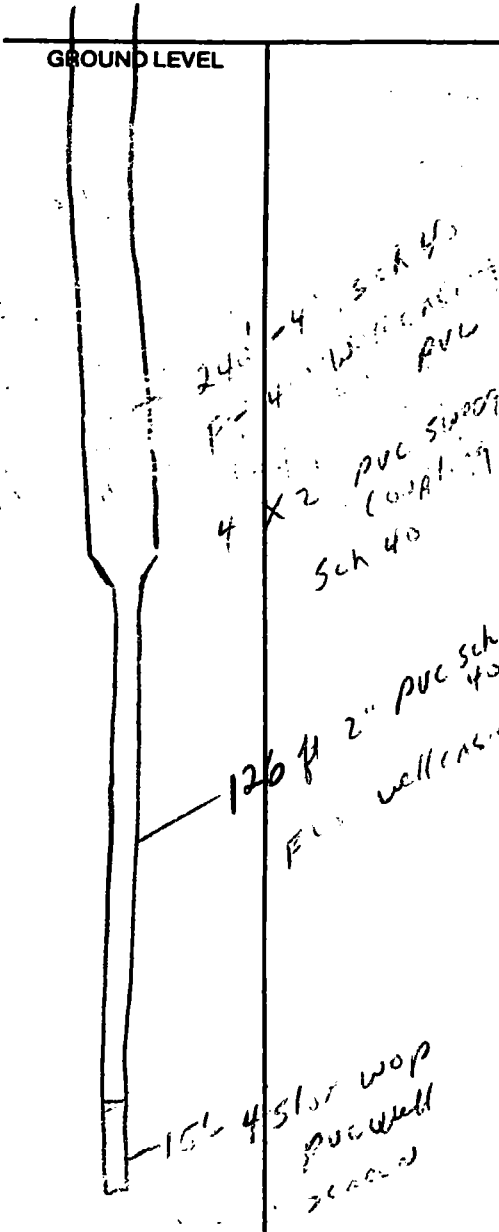
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

**John R. Adley 472**  
Signature of Licensed Driller and License No.

**7/24/02**  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.



X			

SECTION 13

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
19	10	120 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

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