

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 440	CODED
DATE WELL COMPLETED 4/4/03	

PERMIT NUMBER
NAME OF DRILLING FIRM East Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER Mr. Sabatini East Belle Fontaine			
Latitude:			
Longitude: Ocean Springs, Ms			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	19	8 S	7 E
DISTANCE	DIRECTION	NEAREST TOWN	
2 Miles	SW	of GAUTIER	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, **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	1
White coarse sand	9	118
Blue Clay	118	140
Medium Sand	140	152
Blue Clay	152	255
Grey Medium coarse sand	255	390

WELL DATA

Well Depth 290	Casing Diameter (In.) 2"	Casing Length (Ft.) 290
Type of Casing PVC	Hole Depth 290	Depth to Static Water Level 15'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> 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 .006
Screen Type PVC	Depth to Bottom - Feet 290'	

RECEIVED	
APR 11 2003	
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.

John Riddell 472
Signature of Licensed Driller and License No.

4/9/03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 19

Please indicate well location X.

Pump Capacity (GPM) <u>9</u>	No. of Stages <u>2</u>	Setting Depth FT.
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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.