

**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>Φ-457</i>	CODED
DATE WELL COMPLETED <i>June 16, 03</i>	

PERMIT NUMBER <i>M+M well</i>
NAME OF DRILLING FIRM <i>8827 Boss Healy</i>
<i>Biloxi</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Colvin Homes</i>			
<i>1136 Seconmore</i>			
<i>Ocala Springs</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <i>8</i>	TOWNSHIP <i>8</i>	RANGE <i>7</i>
DISTANCE <i>1/2</i> Miles		DIRECTION <i>West</i>	NEAREST TOWN <i>Stander</i>
OTHER LANDMARK <i>St Andrew Golf course</i>			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>Home</i>			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> <i>Flowing Well</i> , Other (Describe)		
POWER TYPE (Circle One): <input checked="" type="radio"/> <i>Electric</i> , Tractor, Diesel, Gasoline, Butane, Other (Describe) <i>H/P</i>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>sand</i>	<i>0-20</i>	
<i>gray clay</i>	<i>2-40</i>	
<i>glauy &amp; sand mix</i>	<i>40-55</i>	
<i>sand</i>	<i>55-115</i>	
<p><b>RECEIVED</b></p> <p><b>JUL 17 2003</b></p> <p><b>BY: OLWR</b></p>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <i>115</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>105</i>
Type of Casing <i>PVC</i>	Hole Depth <i>105</i>	Depth to Static Water Level <i>7</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <del>Water Development</del> , Open Hole, Other (Describe)		

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

SCREEN DATA		
Diameter - Inches <i>2"</i>	Length - Feet <i>10</i>	Slot Size - Inches <i>.006</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>105-115</i>	

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.

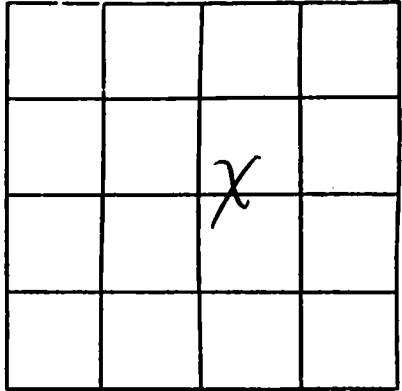
*Sh. Medda* *0563*  
Signature of Licensed Driller and License No.

*July 14, 03*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 8

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
14	2	35	FT.

PUMP TEST

Well yielded 25 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.