

**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  
02-4162

CODED

DATE WELL COMPLETED  
8-19-03

PERMIT NUMBER

NAME OF DRILLING FIRM  
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER  
Gary Miles

1017 Sycamore

Latitude:

Longitude: Ocean Springs Ms

WELL LOCATION: SEC 8 TOWNSHIP 8 S RANGE 7 W

DISTANCE 5 Miles DIRECTION SE of NEAREST TOWN Ocean Springs

OTHER LANDMARK

WELL PURPOSE:  Home,  Irrigation,  Municipal,  Industrial,  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
<u>TOP SOIL</u>	<u>0</u>	<u>1</u>
<u>White Coarse Sand</u>	<u>1</u>	<u>60</u>
<u>Blue Clay</u>	<u>60</u>	<u>106</u>
<u>Medium Sand</u>	<u>106</u>	<u>122</u>
<u>Blue Clay w/ streaks of sand</u>	<u>122</u>	<u>350</u>
<u>Grey medium coarse sand</u>	<u>350</u>	<u>375</u>

**WELL DATA**

Well Depth <u>375'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>365'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>375'</u>	Depth to Static Water Level <u>35'</u>

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 <u>2"</u>	Length - Feet <u>10'</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>375'</u>	

**RECEIVED**

AUG 26 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.

Jack Ridgell 472  
Signature of Licensed Driller and License No.

8/23/03  
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) <u>8</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.