

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 **Φ 2475** CODED

DATE WELL COMPLETED
10-30-96

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Jeff Roberts
Quave Rd.
Vandœuvre Ms

WELL LOCATION SEC **5** TOWNSHIP **7 N** RANGE **7 E**

DISTANCE **5** Miles DIRECTION **South** of **Vandœuvre**

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 **2**

Pump Capacity (GPM) 11	No. of Stages 3	Setting Depth _____ FT.
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PUMP TEST
Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ hours of pumping

WELL DATA

Well Depth 380'	Casing Diameter (In.) 2"	Casing Length (Ft.) 370'
Type of Casing PVC	Hole Depth 380'	Depth to Static Water Level 80'

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

WELL GROUTED TO A DEPTH OF **20** 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 380'	

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
gray + Red Clay	2	10
Coarse sand	10	25
gray clay	25	35
Med sand	35	50
Blue Clay / teal sand	50	135
Fine Coarse sand	135	200
Blue Clay	200	350
Fine Coarse sand	350	380

Driller's Remarks

Top of Lap Pipe or Reduction in Casing _____

RECEIVED

NOV 14 1996

Dept. of Environmental Quality
Office of Land & Water Resources

FORMATION (Continued)	FROM	TO

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

			X

SECTION 5

Please indicate well location X.

ADDITIONAL INFORMATION

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