

**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>		PERMIT NUMBER
WELL NUMBER <i>02562</i>	CODED	NAME OF DRILLING FIRM <i>Coast Water Well Service</i>
DATE WELL COMPLETED <i>3-4-00</i>		

NAME & MAILING ADDRESS OF LANDOWNER <i>Sun Orchard Nursery</i>		
<i> Hwy 90</i>		
<i>Ocean Springs, Ms</i>		
WELL LOCATION	SEC	TOWNSHIP
	<i>30</i>	<i>7 S 7 W</i>
DISTANCE	DIRECTION	NEAREST TOWN
<i>3</i> Miles	<i>EAST</i>	<i>Ocean Springs</i>
OTHER LANDMARK		
WELL PURPOSE Home <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Fish Pond, etc.		

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Tractor <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Butane, Other (Describe) _____ H/P <i>2</i>		
Pump Capacity (GPM)	No of Stages	Setting Depth
<i>27</i>	<i>11</i>	<i>160</i> FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth <i>425'</i>	Casing Diameter (in.) <i>4" x 2"</i>	Casing Length (Ft.) <i>260' x 4" / 165' x 2"</i>
Type of Casing <i>PVC</i>	Hole Depth <i>432'</i>	Depth to Static Water Level <i>80'</i>
TYPE OF COMPLETION* (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed. <input type="checkbox"/> Underreamed. <input type="checkbox"/> Telescoped. <input checked="" type="checkbox"/> Natural Development <input type="checkbox"/> Open Hole. <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <i>20</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix		

LOG DATA	
TYPE OF LOG RUN (Circle One): <input checked="" type="checkbox"/> No Log Run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron, Other (Describe) _____	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches <i>2"</i>	Length - Feet <i>20'</i>	Slot Size - Inches <i>.008</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>425</i>	

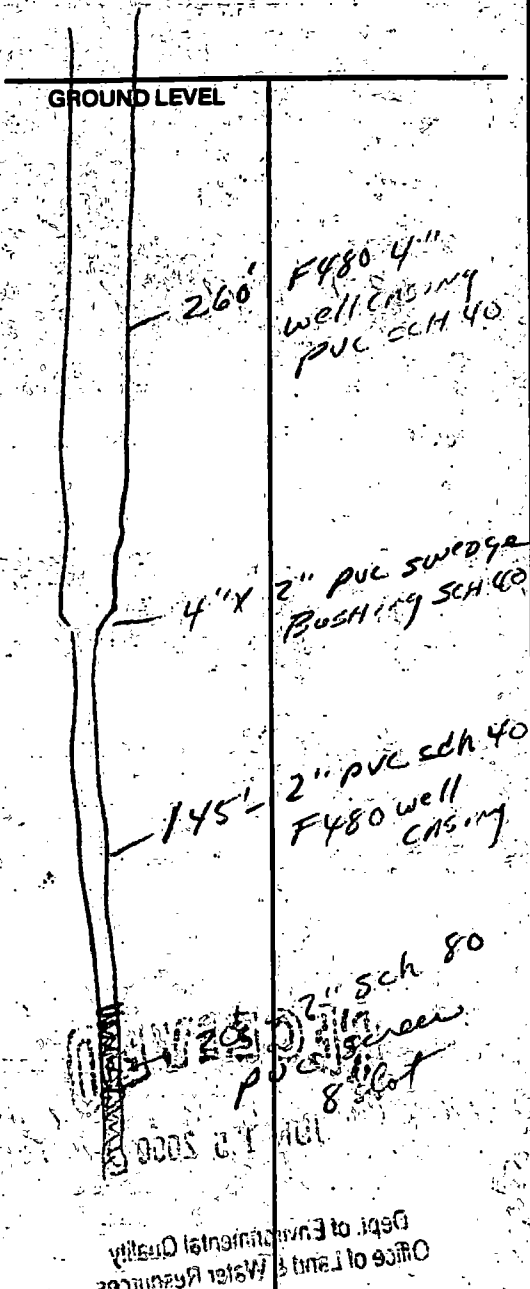
GEOLOGIC DATA (Office Use Only)			
Surface Elev	Geologic Unit	Unit Thickness	Depth to Top
Subs SWL	Date	Analysis	Aquifer Test
Driller's Remarks			
Top of Lap Pipe or Reduction in Casing			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	
			FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>2</i>	<i>Blue Clay</i>	<i>250 405</i>
<i>Orange Clay</i>	<i>2</i>	<i>10</i>	<i>Coarse Sand</i>	<i>405 432</i>
<i>Med Sand</i>	<i>10</i>	<i>22</i>		
<i>Blue Clay</i>	<i>22</i>	<i>45</i>		
<i>Med. Coarse sand</i>	<i>45</i>	<i>80</i>		
<i>Blue Clay</i>	<i>80</i>	<i>115</i>		
<i>Med Sand</i>	<i>115</i>	<i>150</i>		
<i>Blue Clay</i>	<i>150</i>	<i>155</i>		
<i>Med Sand</i>	<i>155</i>	<i>170</i>		
<i>Blue Clay</i>	<i>170</i>	<i>240</i>		
<i>Med. Sand</i>	<i>240</i>	<i>250</i>		

Dept. of Environmental Quality  
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MORE SPACE IS NEEDED. USE BACK

If well telescopes please sketch and show depths.



			X
			1

SECTION 30

Please indicate well location X.

ADDITIONAL INFORMATION

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