

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>CP2563</i>	CODED	NAME OF DRILLING FIRM <i>Coast Water Well Service</i>
DATE WELL COMPLETED <i>3-21-2000</i>		

NAME & MAILING ADDRESS OF LANDOWNER
Jack Hammer
Fountainblow Rd.
Ocean Springs Mall

WELL LOCATION SEC TOWNSHIP RANGE
6 *8-S* *7-W*

DISTANCE DIRECTION NEAREST TOWN
3 Miles *SE* of *Ocean Springs*

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) <i>7.5</i>	No of Stages <i>2</i>	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 <i>360'</i>	Casing Diameter (in.) <i>2"</i>	Casing Length (Ft.) <i>350'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>360'</i>	Depth to Static Water Level <i>40'</i>

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

LOG DATA

TYPE OF LOG RUN (Circle One):
Electric, Gamma Ray, Density, Sonic, Neutron,
Other (Describe) _____ *No Log Run*

Name of Organization Running Log

SCREEN DATA

Diameter - inches <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - inches <i>.008</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>360'</i>	

GEOLOGIC DATA (Office Use Only)

Surface Elev	Geologic Unit	Unit Thickness	Depth to Top
Subs SWL	Date	Analysis	Aquifer Test

Driller's Remarks

RECEIVED

Top of Lap Pipe or Reduction in Casing *JUN 15 2000*

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMAT (See Dept. of Environmental Quality Office of Land & Water Resources)	FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>2</i>			
<i>Brown Clay</i>	<i>2</i>	<i>18</i>			
<i>White coarse sand</i>	<i>18</i>	<i>55</i>			
<i>Blue clay sh. sand</i>	<i>55</i>	<i>330</i>			
<i>gray coarse sand</i>	<i>330</i>	<i>360</i>			

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 6

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED

JUN 1 2 5005

Office of Land & Water Resources
Dept. of Environmental Quality

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