

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WHERE LOCATED JACKSON
WELL NUMBER CODED W-2667
DATE WELL COMPLETED 10-26-02

PERMIT NUMBER
NAME OF DRILLING FIRM Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER Eric Henley Deborah St.		
Latitude:		
Longitude: Ocean Springs Ms		
WELL LOCATION	SEC	TOWNSHIP
	19	8 N 7 W
DISTANCE	DIRECTION	NEAREST TOWN
2 Miles	SW	of Gautier
OTHER LANDMARK		
WELL PURPOSE (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.) <input checked="" type="radio"/> Home		

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <input checked="" type="radio"/> Jet, Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 1	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
TOP Soil	0	1
White coarse sand	1	71
Blue Clay	71	91
Low medium sand	91	119
Blue Clay	119	198
Gray coarse sand	198	213

WELL DATA		
Well Depth 213'	Casing Diameter (In.) 2"	Casing Length (Ft.) 203'
Type of Casing DVC	Hole Depth 213'	Depth to Static Water Level 15'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <input type="radio"/> Open Hole, <input type="radio"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> or Mix		

SCREEN DATA		
Diameter - Inches 2"	Length - Feet 10'	Slot Size - Inches .004
Screen Type DVC	Depth to Bottom, Feet 213'	

RECEIVED	
AUG 12 2002	
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 Reddell 472
Signature of Licensed Driller and License No.

7/24/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 19

Please indicate well location X.

Pump Capacity (GPM) <u>9</u>	No. of Stages <u>2</u>	Setting Depth _____ FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

LOG DATA

TYPE OF LOG RUN (Circle One):		<u>No Log Run</u>
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.