

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
92241

DATE WELL COMPLETED
9-16-99

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well Service

NAME & MAILING ADDRESS OF LANDOWNER
Allen Capps
Merion Lake Rd
Pascagoula Ms

WELL LOCATION SEC **22** TOWNSHIP **7 S** RANGE **5 W**

DISTANCE **5** Miles DIRECTION **Northeast** NEAREST TOWN **Pascagoula**

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 **1**

Pump Capacity (GPM) **9** No. of Stages **2** Setting Depth **FT.**

PUMP TEST
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping

WELL DATA

Well Depth **210'** Casing Diameter (In.) **2"** Casing Length (Ft.) **200'**

Type of Casing **PVC** Hole Depth **210'** Depth to Static Water Level **20'**

TYPE OF COMPLETION: (Circle One or More):
Natural Development, Gravel Packed, Underreamed, Telescoped, 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 **210'**

LOG DATA

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

Top of Lap Pipe or Reduction in Casing

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	2
Blue clay	2	30
White sand	30	90
Blue clay	90	170
gray med. sand	170	210

RECEIVED

DEC 28 1999

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 22

Please indicate well location X.

ADDITIONAL INFORMATION

RECEIVED

DEC 2 1968

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Dept. of Environment Canada

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