

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
2-

CODED

DATE WELL COMPLETED
10-22-01

PERMIT NUMBER

NAME OF DRILLING FIRM
Castwater Well Service

NAME & MAILING ADDRESS OF LANDOWNER
*Tony Patterson
LAARSO RD
MOSS POINT MS*

Latitude:
Longitude:

WELL LOCATION
SEC *6* **TOWNSHIP** *7^S* **RANGE** *4^E*

DISTANCE *6* **DIRECTION** *ENE* **NEAREST TOWN** *MOSS POINT*

OTHER LANDMARK

WELL PURPOSE 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*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top Soil</i>	<i>0</i>	<i>2</i>
<i>Diamond Gray Clay</i>	<i>2</i>	<i>18</i>
<i>White Coarse Sand</i>	<i>18</i>	<i>41</i>
<i>Gray Clay</i>	<i>41</i>	<i>145</i>
<i>Low Medium + Medium Sand</i>	<i>145</i>	<i>165</i>

REC'D JAN 22 2002

WELL DATA

Well Depth *165'* **Casing Diameter (In.)** *2"* **Casing Length (Ft.)** *155'*

Type of Casing *PVC* **Motor Depth** *165'* **Depth to Static Water Level** *5'*

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

WELL GROUTED TO A DEPTH OF *10* **FEET**
Type Grout (circle one): Cement , Bentonite , or Mix

SCREEN DATA

Diameter - Inches *2"* **Length - Feet** *10'* **Slot Size - Inches** *.004*

Screen Type *PVC* **Depth to Bottom - Feet** *165'*

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.

12-28-01
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 6

Please indicate well location X.

Pump Capacity (GPM) <u>8.5</u>	No. of Stages <u>2</u>	Setting Depth FT.
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PUMP TEST

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

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

Driller's Remarks

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