

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
Harrison Stone

WELL NUMBER *L-27* CODED

DATE WELL COMPLETED
3-17-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Coastal Drilling & Service Co.

NAME & MAILING ADDRESS OF LANDOWNER
Southern Quality

24032 Butler Patton Ln. Soudia, MS

Latitude:
Longitude:

WELL LOCATION: SEC *19* TOWNSHIP *4 N* RANGE *11 E*

DISTANCE *5* Miles DIRECTION *SW* of NEAREST TOWN *Perkinston*

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Home

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*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top Soil</i>	<i>1</i>	<i>3</i>
<i>Red Clay</i>	<i>3</i>	<i>10</i>
<i>Course White Sand</i>	<i>10</i>	<i>45</i>
<i>Soft Blue Clay</i>	<i>45</i>	<i>210</i>
<i>Hard Blue Clay</i>	<i>210</i>	<i>295</i>
<i>Fine Water Sand</i>	<i>295</i>	<i>310</i>
<i>Course Water Sand</i>	<i>310</i>	<i>350</i>

WELL DATA

Well Depth <i>350'</i>	Casing Diameter (In.) <i>2"</i>	Casing Length (Ft.) <i>340'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>350'</i>	Depth to Static Water Level <i>90'</i>

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

WELL GROUTED TO A DEPTH OF *15* FEET
Type Grout (circle one) *Cement*, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <i>2"</i>	Length - Feet <i>10'</i>	Slot Size - Inches <i>.006</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>350'</i>	

RECEIVED

MAY 02 2003

BY: OLW

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.

Dyett Murr 0-209
Signature of Licensed Driller and License No.

4-28-03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
11	3	120	FT.
PUMP TEST			
Well yielded <u>9</u> GPM with			
a drawdown of <u>0</u> ft.			
after <u>2</u> 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.