

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 Cochran

WELL NUMBER 2-3101 CODED

DATE WELL COMPLETED 9-28-01

PERMIT NUMBER

NAME OF DRILLING FIRM  
Castwater Well  
Service

NAME & MAILING ADDRESS OF LANDOWNER  
Jerry Hancock  
Joan Ramsey Rd.

Latitude:  
Longitude: Ocean Springs, MS

WELL LOCATION SEC 19 TOWNSHIP 6<sup>th</sup> RANGE 8<sup>th</sup>

DISTANCE 2 Miles DIRECTION SE of Latimer NEAREST TOWN

OTHER LANDMARK

WELL PURPOSE (Circle One)  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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>
<u>orange clay</u>	<u>2</u>	<u>18</u>
<u>White coarse sand</u>	<u>18</u>	<u>40</u>
<u>Blue Clay</u>	<u>40</u>	<u>146</u>
<u>medium sand</u>	<u>146</u>	<u>160</u>
<u>Blue Clay w/str of sand</u>	<u>160</u>	<u>380</u>
<u>Gray coarse sand</u>	<u>380</u>	<u>405</u>

REC'D JAN 07 2002

Top of Lap Pipe or Reduction in Casing

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

WELL DATA

Well Depth <u>405'</u>	Casing Diameter (In.) <u>2"</u>	Casing Length (Ft.) <u>390'</u>
Type of Casing <u>pvc</u>	Hole Depth <u>405'</u>	Depth to Static Water Level <u>60'</u>

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

WELL GROUTED TO A DEPTH OF 60 FEET  
Type Grout (circle one):  Cement,  Bentonite, or Mix

SCREEN DATA

Diameter - inches <u>2"</u>	Length - Feet <u>15'</u>	Slot Size - inches <u>.008</u>
Screen Type <u>PVC</u>	Depth to Bottom - feet <u>405'</u>	

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.

Jah Redell 472  
Signature of Licensed Driller and License No.

11/12/01  
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>7</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.