

**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  
COROSON

WELL NUMBER J-3108 CODED

DATE WELL COMPLETED  
1-13-01

PERMIT NUMBER

NAME OF DRILLER FIRM  
Construction Well Service

NAME & MAILING ADDRESS OF LANDOWNER  
Robert Fox  
BETHEL CHURCH RD  
OCEAN SPRINGS, MS

Latitude:  
Longitude:

WELL LOCATION. SEC 14 TOWNSHIP 6 N RANGE 9 E

DISTANCE 5 3/4 Miles DIRECTION NORTH of NEAREST TOWN OCEAN SPRINGS

OTHER LANDMARK

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

**PUMP DATA**

PUMP TYPE (Circle One):  
Submersible, Turbine,  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>Blue Coarsel Sand</u>	<u>18</u>	<u>30</u>
<u>white + Blue Clay</u>	<u>30</u>	<u>100</u>
<u>low medium + medium Sand</u>	<u>105</u>	<u>133</u>
<u>Blue Clay</u>	<u>133</u>	<u>460</u>
<u>gray coarse sand</u>	<u>460</u>	<u>525</u>

**WELL DATA**

Well Depth 525' Casing Diameter (In.) 2" Casing Length (Ft.) 510'

Type of Casing DWC Hole Depth 525' Depth to Static Water Level 65'

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 15' Slot Size - inches .008

Screen Type DWC Depth to Bottom - Feet 525'

**REC'D JAN 24 2002**

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.

John Reddell #472  
Signature of Licensed Driller and License No.

1-28-01  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 14

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

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