

**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 <i>Jackson</i>	
WELL NUMBER <i>W-755</i>	CODED
DATE WELL COMPLETED <i>11-11-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Coastal Drilling Service Co.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Colvin Homes</i>			
<i>1709 S. 2nd St. O.S., MS.</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<i>11</i>	<i>8 N 8 E</i>	<i>8</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>1</i> Miles	<i>SE</i>	of <i>Cedar Point</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>Home</i>			

<b>PUMP DATA</b>	
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Top soil</i>	<i>1</i>	<i>3</i>
<i>Sugar sand</i>	<i>3</i>	<i>80</i>
<i>Coarse white sand</i>	<i>80</i>	<i>100</i>
<i>Soft blue clay</i>	<i>100</i>	<i>140</i>
<i>Good water sand</i>	<i>140</i>	<i>180</i>

<b>WELL DATA</b>		
Well Depth <i>180'</i>	Casing Diameter (In.) <i>2 in.</i>	Casing Length (Ft.) <i>170'</i>
Type of Casing <i>PVC</i>	Hole Depth <i>180'</i>	Depth to Static Water Level <i>35'</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <i>15</i> FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

<b>SCREEN DATA</b>		
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>180'</i>	

<b>RECEIVED</b>	
NOV 18 2002	
<b>BY: OLWR</b>	
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.

*Dwight Moran* *0-209*  
Signature of Licensed Driller and License No.

*11-15-2002*  
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) 8 GPM	No. of Stages 2	Setting Depth 60' FT.
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PUMP TEST

Well yielded 8 GPM with  
a drawdown of 0 ft.  
after 2 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.