

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL  
QUALITY**

Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

**WATER WELL LOCATED**  
*Cockburn*

**WELL NO.** *NE 2731* **FOODED**

**DATE WELL COMPLETED**  
*6-6-02*

**PERMIT NUMBER**

**NAME OF DRILLING FIRM**  
*Crest Water Well Service*

**NAME & MAILING ADDRESS OF LANDOWNER**  
*Ken Roberts*

*3209 N. 9th ST*

**Latitude:**  
**Longitude:** *Ocean Springs*

**WELL LOCATION** SEC *35* TOWNSHIP *7 N* RANGE *8 W*

**DISTANCE** *1 1/2* Miles **DIRECTION** *East* **NEAREST TOWN** *Ocean Springs*

**OTHER LANDMARK**

**WELL PURPOSE**  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
Top Soil	0	2
White coarse sand	2	32
GRAY Clay	32	50
White coarse sand	50	61
Blue Clay	61	118
Low medium sand	118	130

**RECEIVED**  
AUG 12 2002  
BY: OLWR

**Top of Lap Pipe or Reduction in Casing**

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

**WELL DATA**

<b>Well Depth</b> <i>130'</i>	<b>Casing Diameter (In.)</b> <i>2"</i>	<b>Casing Length (Ft.)</b> <i>120'</i>
<b>Type of Casing</b> <i>PVC</i>	<b>Mole Depth</b> <i>130'</i>	<b>Depth to Static Water Level</b> <i>20'</i>

**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,  Mix

**SCREEN DATA**

<b>Diameter - Inches</b> <i>2"</i>	<b>Length - Feet</b> <i>10'</i>	<b>Slot Size - Inches</b> <i>004</i>
<b>Screen Type</b> <i>PVC</i>		<b>Depth to Bottom - Feet</b> <i>130'</i>

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 Ridgell 472* *7/24/02*  
Signature of Licensed Driller and License No. Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 35

Please indicate well location X.

Pump Capacity (GPM) <u>9</u>	No. of Stages <u>2</u>	Setting Depth <u>        </u> FT.
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.