

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
COCKBOLD

WELL NUMBER: **6-473** CODED

DATE WELL COMPLETED
12-15-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Coast Water Well

Service

NAME & MAILING ADDRESS OF LANDOWNER
Colvin Homes

Magnolia ST.

Latitude:
Longitude: **Ocean Springs, MS**

WELL LOCATION SEC TOWNSHIP RANGE

19 8 7

DISTANCE DIRECTION NEAREST TOWN

5 Miles **SE** of **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	41
Blue Clay	41	84
Coarse Sand	84	125
Blue Clay w/str. of sand	125	353
Grey Coarse Sand	353	375

WELL DATA

Well Depth: **365'** Casing Diameter (In.): **2"** Casing Length (Ft.): **355'**

Type of Casing: **PVC** Hole Depth: **365'** Depth to Static Water Level: **35'**

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

WELL GROUTED TO A DEPTH OF **10** FEET
Type Grout (circle one): Cement, **Bentonite**, or Mix

SCREEN DATA

Diameter - Inches: **2"** Length - Feet: **10'** Slot Size - Inches: **.008**

Screen Type: **PVC** Depth to Bottom - Feet: **365'**

RECEIVED

DEC 29 2003

BY: OLWR

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.

Jack Ridgell 472
Signature of Licensed Driller and License No.

12/23/03
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)	No. of Stages	Setting Depth	
8	2		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

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