

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 HANCOCK	
WELL NUMBER K-488	CODED
DATE WELL COMPLETED 12-9-02	

PERMIT NUMBER
NAME OF DRILLING FIRM NECAISS WELL

NAME & MAILING ADDRESS OF LANDOWNER HEART LAND 1721 BLUE MEADOW RD ST LOUIS MS			
Latitude:			
Longitude:			
WELL LOCATION 1R/SW	SEC 32	TOWNSHIP S 8	RANGE 14 E
DISTANCE 3 Miles	DIRECTION N	NEAREST TOWN WAVELENA	
OTHER LANDMARK 30-19-47 89-22-14			
WELL PURPOSE (Circle one) <input checked="" type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) CENTRIFUGAL	
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input checked="" type="checkbox"/> Butane, Other (Describe) H/P	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD	0	20
SAND	20	50
B CLAY	50	100
SAND	100	110
B CLAY	110	240
SAND	240	250
B CLAY	250	370
SAND	370	400

WELL DATA

Well Depth 400	Casing Diameter (In.) 2	Casing Length (Ft.) 390
Type of Casing PVC	Hole Depth 400	Depth to Static Water Level 5
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe)		
WELL GROUTED TO A DEPTH OF 10 FEET Type Grout (circle one): Cement, <input checked="" type="checkbox"/> Bentonite, or Mix		

SCREEN DATA

Diameter - Inches 2	Length - Feet 10	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 400	

RECEIVED	
FEB 13 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.

Robert  **0660**
Signature of Licensed Driller and License No.

12-10-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
		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.