

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-501	CODED
DATE WELL COMPLETED 03-19-03	

PERMIT NUMBER
NAME OF DRILLING FIRM NECHISE WELL

NAME & MAILING ADDRESS OF LANDOWNER TROY CUCYRULLO 847 51 COURT BLUE BIRD LN			
Latitude: Longitude:			
WELL LOCATION:	SEC 28	TOWNSHIP 8 N	RANGE 14 E
DISTANCE 3 Miles	DIRECTION NW	NEAREST TOWN WAVELAND	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input 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) _____			
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD	0	15
SAND	15	50
B CLAY	50	70
SAND	70	120
B CLAY	120	140
SAND	140	150
B CLAY	150	160
SAND	160	180
B CLAY	180	200
SAND	200	270

WELL DATA		
Well Depth 270	Casing Diameter (In.) 2	Casing Length (Ft.) 260
Type of Casing PVC	Hole Depth 270	Depth to Static Water Level 10
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 15 FEET Type Grout (circle one): Cement, Bentonite, or (Mix)		

SCREEN DATA		
Diameter - Inches 2	Length - Feet 10	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 270	

Top of Lap Pipe or Reduction in Casing
RECEIVED
OCT 02 2003
BY: OLWR
FEET <input type="checkbox"/> 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 [Signature] 0660
Signature of Licensed Driller and License No.

9-15-03
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.
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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

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