

**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>Hancock</i>	
WELL NUMBER <b>K-512</b>	CODED
DATE WELL COMPLETED <b>10-12-03</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Necaise Well Serv.</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Phil Orton</b>		
<b>Bay St. Louisiana St St. Louis, MS</b>		
Latitude: Longitude:		
WELL LOCATION	SEC <b>40</b>	TOWNSHIP <b>8 N</b>
		RANGE <b>14 E</b>
DISTANCE <b>5</b> Miles	DIRECTION <b>W</b>	NEAREST TOWN <b>of DAY SCLAYS</b>
OTHER LANDMARK		
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <b>Irrigation</b>		

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): Submersible, Turbine, <b>Jet</b> Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <b>Electric</b> Tractor, Diesel, Gasoline, Butane, Other (Describe) <b>H/P 1/2</b>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>clay</i>	0	15
<i>sand</i>	15	45
<i>clay</i>	45	90
<i>sand</i>	90	90
<i>clay</i>	90	140
<i>sand</i>	140	190
<b>RECEIVED</b>		
<b>DEC 04 2003</b>		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

**WELL DATA**

Well Depth <b>150</b>	Casing Diameter (In.) <b>2</b>	Casing Length (Ft.) <b>170</b>
Type of Casing <b>PVC</b>	Hole Depth <b>150</b>	Depth to Static Water Level <b>10'</b>

TYPE OF COMPLETION: (Circle One or More):  
Gravel Backed, **Underreamed**, Telescoped,  
~~Natural Development~~, Open Hole, Other  
(Describe)

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

**SCREEN DATA**

Diameter - Inches <b>2</b>	Length - Feet <b>10</b>	Slot Size - Inches <b>.004</b>
Screen Type <b>PVC</b>		Depth to Bottom - Feet <b>150</b>

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

**11/01/03**  
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.