

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-519	CODED
DATE WELL COMPLETED 2-5-04	

PERMIT NUMBER

NAME OF DRILLING FIRM
Hancock Well Serv.

NAME & MAILING ADDRESS OF LANDOWNER
Kenny Allison

Latitude:
34° 37' N

Longitude:
90° 14' W

WELL LOCATION: SEC 18 TOWNSHIP 8 S RANGE 14 E

DISTANCE 6 **DIRECTION** W **NEAREST TOWN** OAK ST LOUIS

OTHER LANDMARK

WELL PURPOSE: Home Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Other (Describe) _____ Flowing Well.		
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P 1/2		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
clay	0	15
sand	15	45
clay	45	135
sand	135	160

RECEIVED

MAR 28 2004

BY: OLWR

Top of Lap Pipe or Reduction in Casing	FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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WELL DATA

Well Depth 160'	Casing Diameter (In.) 2	Casing Length (Ft.) 150'
Type of Casing PVC	Hole Depth 160'	Depth to Static Water Level 12'

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

WELL GROUTED TO A DEPTH OF 15 FEET
Type Grout (circle one): Cement, Bentonite, Mix

SCREEN DATA

Diameter - Inches 2	Length - Feet 10	Slot Size - Inches .006
Screen Type PVC		Depth to Bottom - Feet 160'

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.

[Signature]
Signature of Licensed Driller and License No.

02-20-04
Date

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.