

**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 <u>Hancock</u>	
WELL NUMBER <u>K-524</u>	CODED
DATE WELL COMPLETED <u>3/15/04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Necaise Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>CRIS McDERMOTT</u> <u>5601 Lambert Ln.</u> <u>Bay St. Louis, MS</u>	
Latitude: <u>30-14-50</u> Longitude: <u>89-25-48</u>	
WELL LOCATION <u>SW/NW 19 9 1/2 E W</u>	TOWNSHIP RANGE <u>9 N 11 E</u>
DISTANCE <u>1/2</u> Miles	DIRECTION <u>E</u> of NEAREST TOWN <u>CRISPOSITION</u>
OTHER LANDMARK	
WELL PURPOSE: <u>Home Irrigation</u> , Municipal, Industrial, Fish Pond, etc.	

<b>PUMP DATA</b>	
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
clay	0	15
sand	15	30
clay	70	40
sand	40	90
clay	90	120
sand	120	130
clay	130	165
sand	165	190
clay	180	260
sand	260	290
clay	290	295
sand	295	320
clay	700	340
sand	340	375

<b>WELL DATA</b>		
Well Depth <u>375'</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>365'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>375'</u>	Depth to Static Water Level <u>10</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10 FEET</u> Type Grout (circle one): Cement, Bentonite, or Mix _____		

<b>SCREEN DATA</b>		
Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>375'</u>	

<b>RECEIVED</b>	
<u>APR 21 2004</u>	
<b>BY: OLWR</b>	
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.

[Signature] 8660  
Signature of Licensed Driller and License No.

3-18-04  
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

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