

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-525	CODED
DATE WELL COMPLETED 05-25-04	

PERMIT NUMBER
NAME OF DRILLING FIRM NECAISE WELL SERVICE

NAME & MAILING ADDRESS OF LANDOWNER REGENCY HOMES SPRUCE 3541 ST LOUIS MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC 29	TOWNSHIP 8 N	RANGE 14 E
DISTANCE 2 Miles	DIRECTION N	NEAREST TOWN BUYSIDE	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine <input checked="" type="checkbox"/> Jet Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P 12	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
clay	0	15
sand	15	30
clay	30	55
sand	55	60
clay	60	70
sand	70	95
clay	95	110
sand	110	115
clay	115	160
sand	160	170
clay	170	190
sand	190	195
clay	195	230
sand	230	250

WELL DATA		
Well Depth 250'	Casing Diameter (In.) 2	Casing Length (Ft.) 240'
Type of Casing PUC	Hole Depth 250'	Depth to Static Water Level 12'
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Pack, <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, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 2	Length - Feet 10	Slot Size - Inches .006
Screen Type PUC	Depth to Bottom - Feet 250'	

RECEIVED	
APR 21 2004	
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 A. [Signature] 0660
Signature of Licensed Driller and License No.

04-06-04
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

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