

**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-535</u>	CODED
DATE WELL COMPLETED <u>6-22-04</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER <u>Jason Garcia</u> <u>Bay St. Louis, MS</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <u>8</u>	TOWNSHIP <u>9</u>	RANGE <u>14 E</u>
DISTANCE <u>3 1/2</u> Miles	DIRECTION <u>W</u>	NEAREST TOWN <u>Waveford</u>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> , Irrigation, 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>1/2</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>15</u>
<u>sand</u>	<u>15</u>	<u>30</u>
<u>clay</u>	<u>30</u>	<u>40</u>
<u>sand</u>	<u>40</u>	<u>110</u>
<u>clay</u>	<u>110</u>	<u>120</u>
<u>sand</u>	<u>120</u>	<u>200</u>

<b>WELL DATA</b>		
Well Depth <u>200</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>180</u>
Type of Casing <u>PUC</u>	Hole Depth <u>200</u>	Depth to Static Water Level <u>15'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Backed</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe)		
WELL GROUTED TO A DEPTH OF <u>10 FEET</u> Type Grout (circle one): Cement, Bentonite, <u>Mix</u>		

<b>SCREEN DATA</b>		
Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>PUC</u>	Depth to Bottom - Feet <u>200</u>	

<b>RECEIVED</b>	
JUL 16 2004	
<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.

Robert Obleo  
Signature of Licensed Driller and License No.

06-22-04  
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.
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.