

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>Winncock</i>	
WELL NUMBER <i>K-2916</i>	CODED
DATE WELL COMPLETED <i>4-29-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Michael Well Serv.</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Nancy Paulovich</i> <i>4229 2nd Ave</i> <i>Bay St. Louis</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <i>27</i>	TOWNSHIP <i>8 N</i>	RANGE <i>14 E</i>
DISTANCE	DIRECTION		NEAREST TOWN
	Miles	of	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>SAND</i>	<i>0</i>	<i>50</i>
<i>B MUD</i>	<i>50</i>	<i>120</i>
<i>SAND</i>	<i>120</i>	<i>145</i>

WELL DATA

Well Depth <i>145</i>	Casing Diameter (In.) <i>2</i>	Casing Length (Ft.) <i>135</i>
Type of Casing <i>PVC</i>	Well Depth <i>145</i>	Depth to Static Water Level <i>8</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other		
WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): Cement, Bentonite, or Mix <input checked="" type="radio"/>		

SCREEN DATA

Diameter - Inches <i>2</i>	Length - Feet <i>10</i>	Slot Size - Inches <i>.006</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>145</i>	

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

JUL 11 2002

BY: OLWR

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.

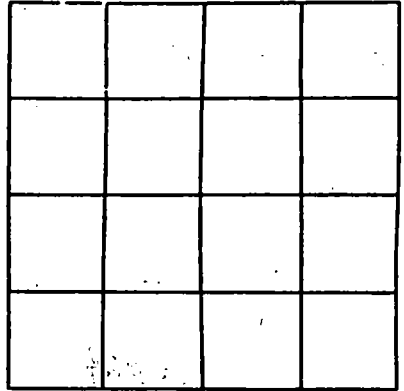
Robert A. [Signature] *0-6600*
Signature of Licensed Driller and License No.

05-20-02
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.