

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 VL-2970	CODED
DATE WELL COMPLETED 8-21-01	

PERMIT NUMBER
NAME OF DRILLING FIRM Necaise Well Service Gulfport, MS

NAME & MAILING ADDRESS OF LANDOWNER Erik Mortara Victor Lap, Bay St Louis
Latitude: Longitude:
WELL LOCATION: SEC 27 TOWNSHIP 8 N RANGE 14 E
DISTANCE 3 Miles DIRECTION W of NEAREST TOWN BAY ST LOUIS
OTHER LANDMARK
WELL PURPOSE: <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. 1

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
SAND	0	20
CLAY	20	30
SAND	30	100
CLAY	100	130
SAND	130	140
CLAY	140	180
SAND	180	205

WELL DATA		
Well Depth 205	Casing Diameter (In.) 2	Casing Length (Ft.) 195
Type of Casing PVC	Hole Depth 205	Depth to Static Water Level 12 12
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input checked="" 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 PVC	Depth to Bottom - Feet 205	

RECEIVED
JUL 11 2002
BY: OLWR
Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> 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] 0-660
Signature of Licensed Driller and License No.

8-30-01
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.