

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
Lincoln

WELL NUMBER	CODED
<u>M-108</u>	
DATE WELL COMPLETED	
<u>11-7-05</u>	

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

NAME & MAILING ADDRESS OF LANDOWNER
Mike Bryan

Box 625 / Carco Rd. / St. Louis MS

Latitude: 30-16-05
Longitude: 89-27-27

WELL LOCATION	SEC	TOWNSHIP	RANGE
<u>SW/SW</u>	<u>12</u>	<u>9</u>	<u>15</u>

DISTANCE 1 Miles DIRECTION N NEAREST TOWN LAKE 310

OTHER LANDMARK

WELL PURPOSE: Home Irrigation, Municipal, Industrial, 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): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) <u>H/P 1/2</u>	
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM TO
<u>clay</u>	<u>0 20</u>
<u>sand</u>	<u>20 80</u>
<u>clay</u>	<u>80 100</u>
<u>sand</u>	<u>100 110</u>
<u>clay</u>	<u>110 185</u>
<u>sand</u>	<u>185 200</u>

RECEIVED

DEC 04 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth <u>200</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>190</u>
Type of Casing <u>PVC</u>	hole Depth <u>200</u>	Depth to Static Water Level <u>12'</u>

TYPE OF COMPLETION: (Circle One or More):
 Gravel Backed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
(Describe)

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

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>200</u>	

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 J. [Signature]

Signature of Licensed Driller and License No. 06100

11/20/05

Date

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.