

**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>Harrison</u>	
WELL NUMBER <u>A-2002</u>	CODED
DATE WELL COMPLETED <u>10-16-01</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Necaise Well Service</u> <u>Gulfport, MS</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Desoto Land & Timber</u> <u>P.O. Box 219</u> <u>Saucier, MS 39574</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>24</u>	<u>S</u>	<u>13</u> ^E
DISTANCE	DIRECTION	NEAREST TOWN	
<u>4</u> Miles	<u>N</u>	of <u>LIZANA</u>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
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</u>		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>CLAY</u>	<u>0</u>	<u>15</u>
<u>SAND</u>	<u>15</u>	<u>50</u>
<u>CLAY</u>	<u>50</u>	<u>75</u>
<u>SAND</u>	<u>75</u>	<u>95</u>
<u>CLAY</u>	<u>95</u>	<u>100</u>
<u>SAND</u>	<u>100</u>	<u>110</u>

WELL DATA		
Well Depth <u>110</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>100</u>
Type of Casing <u>PVC</u>	Hole Depth <u>110</u>	Depth to Static Water Level <u>30</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , <u>Underreamed</u> , Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe)		

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

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>110</u>	

RECEIVED	
JUL 11 2002	
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]
Signature of Licensed Driller and License No.

10-30-01
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):
 Electric, Gamma Ray, Density, No Log Run. 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

Lot 6

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