

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
HARRISON

WELL NUMBER
E-162

CODED

DATE WELL COMPLETED
04-27-03

PERMIT NUMBER

NAME OF DRILLING FIRM
NECAISE WELL

NAME & MAILING ADDRESS OF LANDOWNER
IRMA SHAW
FRED'S RD
GPT MS 39503

Latitude:

Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE
12 60 N 13 E

DISTANCE DIRECTION NEAREST TOWN
1/2 Miles S of LIZANA

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
 Home

PUMP DATA

PUMP TYPE (Circle One):
 Submersible, Turbine, Jet, Flowing Well.

POWER TYPE (Circle One):
 Electric, Tractor, Diesel, Gasoline, Butane.
 Other (Describe) _____
 H/P **1**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO

WELL DATA

Well Depth 210	Casing Diameter (in.) 2	Casing Length (ft.) 200
Type of Casing PVC	Hole Depth 210	Depth to Static Water Level 70

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, 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 2	Length - Feet 10	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 210	

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

RECEIVED
OCT 02 2003
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 of Licensed Driller and License No. **0660**

9-15-03
 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.