

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>E-160</u> | CODED |
| DATE WELL COMPLETED <u>5/4/04</u> | |

| |
|--|
| PERMIT NUMBER |
| NAME OF DRILLING FIRM <u>Necaise Well Service</u> |

| | | | |
|--|------------------------|-------------------------------|-------------------|
| NAME & MAILING ADDRESS OF LANDOWNER <u>NEED GULLOT</u> <u>Vidalie Rd.</u> <u>PASS CHRISTIAN MS</u> | | | |
| Latitude: | | | |
| Longitude: | | | |
| WELL LOCATION | SEC <u>32</u> | TOWNSHIP <u>13</u> | RANGE <u>E</u> |
| DISTANCE <u>1/2</u> Miles | DIRECTION <u>SW</u> | NEAREST TOWN <u>Lizama</u> | |
| OTHER LANDMARK | | | |
| WELL PURPOSE: <input checked="" type="checkbox"/> Home Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc. | | | |

| | | | |
|--|--|--|--|
| PUMP DATA | | | |
| PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input 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) _____ H/P <u>2</u> | | | |

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| <u>clay</u> | <u>0</u> | <u>25</u> |
| <u>sand + gravel</u> | <u>15</u> | <u>110</u> |
| <u>clay</u> | <u>110</u> | <u>150</u> |
| <u>b. clay</u> | <u>150</u> | <u>160</u> |
| <u>slate</u> | <u>160</u> | <u>162</u> |
| <u>b. clay</u> | <u>160</u> | <u>170</u> |
| <u>slate</u> | <u>170</u> | <u>175</u> |
| <u>sand</u> | <u>175</u> | <u>200</u> |
| <u>b. clay</u> | <u>200</u> | <u>390</u> |
| <u>sand</u> | <u>380</u> | <u>385</u> |
| <u>b. clay</u> | <u>385</u> | <u>400</u> |
| <u>sand</u> | <u>400</u> | <u>440</u> |

| | | |
|---|---|--|
| WELL DATA | | |
| Well Depth <u>440'</u> | Casing Diameter (In.) <u>2" x 4"</u> | Casing Length (Ft.) <u>420'</u> |
| Type of Casing <u>PVC</u> | Hole Depth <u>440'</u> | Depth to Static Water Level <u>118'</u> |
| TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input 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 <u>15'</u> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or <input type="radio"/> Mix | | |

| | | |
|-------------------------------|--------------------------------------|-----------------------------------|
| SCREEN DATA | | |
| Diameter - Inches <u>2</u> | Length - Feet <u>20'</u> | Slot Size - Inches <u>.009</u> |
| Screen Type <u>PVC</u> | Depth to Bottom - Feet <u>440</u> | |

| | |
|--|--|
| RECEIVED | |
| JUN 18 2004 | |
| 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] 0660
Signature of Licensed Driller and License No.

06-01-04
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. |
|---------------------|---------------|---------------|-----|

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.