

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 F-414	CODED
DATE WELL COMPLETED 12-2-02	

PERMIT NUMBER
NAME OF DRILLING FIRM NECAUSE WELL

NAME & MAILING ADDRESS OF LANDOWNER NONIVAN WHITFIELD GULF HARBEN PLANTATION GRT MS 37503
Latitude: Longitude:
WELL LOCATION: SEE TOWNSHIP RANGE 33 6 S 12 E
DISTANCE DIRECTION NEAREST TOWN 4 Miles SE of LIZANA
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): Submersible, Turbine, <input checked="" type="radio"/> Jet, Other (Describe) _____	Flowing Well.
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 2

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
ALLI	0	20
BECLAY	20	120
SAND	120	130
BECLAY	130	160
SAND	160	170
BECLAY	170	275
SAND	275	300

WELL DATA		
Well Depth 300	Casing Diameter (In.) 2	Casing Length (Ft.) 290
Type of Casing PVC	Hole Depth 300	Depth to Static Water Level 56
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, 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 <input checked="" type="radio"/> Mix		

SCREEN DATA		
Diameter - Inches 2	Length - Feet 10	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 300	

Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED
FEB 13 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 [Signature] 0660
Signature of Licensed Driller and License No.

12-02-02
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.