

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-428	CODED
DATE WELL COMPLETED 01-09-03	

PERMIT NUMBER
NAME OF DRILLING FIRM NECAISE WELL

NAME & MAILING ADDRESS OF LANDOWNER TOM WARD			
GET RD			
GRT MS 39503			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	21	6 N	12 E
DISTANCE	DIRECTION	NEAREST TOWN	
3 Miles	SE	LIZANA	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home, <input type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

PUMP DATA			
PUMP TYPE (Circle One):			
<input checked="" type="checkbox"/> Submersible,	<input type="checkbox"/> Turbine,	<input type="checkbox"/> Jet	<input type="checkbox"/> Flowing Well,
Other (Describe)			
POWER TYPE (Circle One):			
<input checked="" type="checkbox"/> Electric,	<input type="checkbox"/> Tractor,	<input type="checkbox"/> Diesel,	<input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane,
Other (Describe) H/P 1/2			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
W CLAY	0	40
B CLAY	40	100
SAND	100	105
B CLAY	105	140
SAND	140	155
B CLAY	155	165
SAND	165	200

WELL DATA

Well Depth 200	Casing Diameter (In.) 4	Casing Length (Ft.) 180
Type of Casing PVC	Hole Depth 200	Depth to Static Water Level 55
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 10 FEET		
Type Grout (circle one): Cement <input checked="" type="checkbox"/> Bentonite, or Mix		

SCREEN DATA

Diameter - Inches 4	Length - Feet 20	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 200	

RECEIVED	
OCT 02 2003	
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.

01-10-03
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.