

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>F-449</u>	CODED
DATE WELL COMPLETED <u>4-15-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Nearctic Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>REGGIE PETERMAN</u> <u>Hwy 53</u> <u>Guypoint, MS</u>			
Latitude:		Longitude:	
WELL LOCATION	SEC <u>24</u>	TOWNSHIP <u>6 N</u>	RANGE <u>12 E</u>
DISTANCE <u>2</u> Miles	DIRECTION <u>W</u>	NEAREST TOWN <u>Lipman</u>	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
clay	0	15
sand	10	20
clay	20	20
clay	20	20
sand	20	20
clay	20	20
sand	80	105
clay	105	150
sand	150	170
clay	170	175
sand	175	180

WELL DATA		
Well Depth <u>190'</u>	Casing Diameter (In.) <u>2</u>	Casing Length (FL.) <u>180'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>190'</u>	Depth to Static Water Level <u>53'</u>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed, <input type="radio"/> Underreamed, <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development, <input type="radio"/> Open Hole, Other _____ (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): <input checked="" type="radio"/> Cement, <input type="radio"/> Bentonite, or Mix		

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>190'</u>	

RECEIVED	
JUN 17 2004	
BY: OLWR	
Top of Lap Pipe or Reduction in Casing	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
FEET	

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 M. [Signature] 010100
Signature of Licensed Driller and License No.

04-28-04
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.
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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.