

**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 <b>Harrison</b>	
WELL NUMBER <b>E-20025</b>	CODED
DATE WELL COMPLETED <b>7-14-01</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Necaise Well Service</b>
<b>Gulfport, MS</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Sharon Rutherford</b>			
<b>544 Mockingbird Dr.; Long Beach</b>			
Latitude: Longitude:			
WELL LOCATION	SEC <b>A</b>	TOWNSHIP <b>6<sup>N</sup></b>	RANGE <b>12<sup>W</sup></b>
DISTANCE <b>2</b> Miles	DIRECTION <b>E</b>	NEAREST TOWN <b>LIZANA</b>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> Irrigation, Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>	
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
CLAY	0	30
SAND	30	80
CLAY	80	90
B CLAY	90	120
SAND	120	150
CLAY	150	180
SAND	160	180

**WELL DATA**

Well Depth <b>180</b>	Casing Diameter (In.) <b>2</b>	Casing Length (Ft.) <b>170</b>
Type of Casing <b>PVC</b>	Hole Depth <b>180</b>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <u>Natural Development</u> , Gravel Packed, Underreamed, Telescoped, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, Bentonite, or <u>Mix</u>		

**SCREEN DATA**

Diameter - Inches <b>2</b>	Length - Feet <b>10</b>	Slot Size - Inches <b>.006</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>180</b>	

<b>RECEIVED</b>	
<b>JUL 11 2002</b>	
<b>BY: OLWR</b>	
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 H. [Signature]** 0-6000  
Signature of Licensed Driller and License No.

**09-20-01**  
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):  
 Electric, Gamma Ray, Density, No Log Run, 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

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If more than one screen, show location of each on sketch.