

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 MARKLISON	
WELL NUMBER E-476	CODED
DATE WELL COMPLETED 04-25-03	

PERMIT NUMBER
NAME OF DRILLING FIRM NECAISE WELL

NAME & MAILING ADDRESS OF LANDOWNER D'COIT HOMES MARK WEST BPT MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC 29	TOWNSHIP 6^N	RANGE 11^E
DISTANCE	DIRECTION NW	NEAREST TOWN LYMAN	
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, 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 1		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD	0	30
CLAY SAND	30	100

WELL DATA		
Well Depth 120	Casing Diameter (In.) 2	Casing Length (Ft.) 110
Type of Casing PVC	Hole Depth 120	Depth to Static Water Level 29
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, 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 120	

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

RECEIVED
OCT 02 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.

Ronald A. [Signature]
Signature of Licensed Driller and License No. **0660**

9-15-03
Date

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.