

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 V-297	CODED
DATE WELL COMPLETED 11-8-02	

PERMIT NUMBER
NAME OF DRILLING FIRM NECAISE WELL

NAME & MAILING ADDRESS OF LANDOWNER COTTON SWILLY VIDALIA RD			
Latitude: Longitude:			
WELL LOCATION	SEC 4	TOWNSHIP 7^N	RANGE 13^E
DISTANCE 5 Miles	DIRECTION SW	NEAREST TOWN LIZAMA	
OTHER LANDMARK			
WELL PURPOSE: <input checked="" type="checkbox"/> Irrigation, <input type="checkbox"/> Municipal, <input type="checkbox"/> Industrial, <input type="checkbox"/> Fish Pond, etc.			

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD SAND	0	30
W CLAY SAND	30	50
W CLAY SAND	50	110
W CLAY SAND	110	130
W CLAY SAND	130	140
W CLAY SAND	140	160
W CLAY SAND	160	220
B CLAY SAND	220	230
SAND	230	335

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BY: OLWR

WELL DATA		
Well Depth 350	Casing Diameter (In.) 2	Casing Length (Ft.) 340
Type of Casing PVC	Hole Depth 350	Depth to Static Water Level 91
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Pack, <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) <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 2	Length - Feet 10	Slot Size - Inches 006
Screen Type PVC	Depth to Bottom - Feet 350	

Top of Lap Pipe or Reduction in Casing FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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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. **0660**

11-02-02
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.

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

WELL ONLY

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