

**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>J-309</b>	CODED
DATE WELL COMPLETED <b>06-18-03</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>NECHISE WELL</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>CHAMPION HOMES ELMER CHAMBERLAIN PASS CHRISTIAN MS</b>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <b>11</b>	TOWNSHIP <b>7<sup>N</sup></b>	RANGE <b>13<sup>E</sup></b>
DISTANCE <b>6</b> Miles	DIRECTION <b>N</b>	NEAREST TOWN <b>DELSILE</b>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> , Irrigation, Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>			
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
<b>MUD</b>	<b>0</b>	<b>30</b>
<b>B CLAY</b>	<b>30</b>	<b>40</b>
<b>SAND</b>	<b>40</b>	<b>60</b>
<b>B CLAY</b>	<b>60</b>	<b>75</b>
<b>SAND</b>	<b>75</b>	<b>185</b>
<b>B CLAY</b>	<b>185</b>	<b>305</b>
<b>SAND</b>	<b>305</b>	<b>320</b>

<b>WELL DATA</b>		
Well Depth <b>320</b>	Casing Diameter (In.) <b>2</b>	Casing Length (Ft.) <b>310</b>
Type of Casing <b>PVC</b>	Hole Depth <b>320</b>	Depth to Static Water Level <b>62</b>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <b>10</b> FEET Type Grout (circle one): Cement, Bentonite, <u>Mix</u>		

<b>SCREEN DATA</b>		
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>320</b>	

<b>RECEIVED</b>	
<b>OCT 02 2003</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 [Signature]**  
Signature of Licensed Driller and License No. **2600**

**9-15-03**  
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.
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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.