

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 K-386	CODED
DATE WELL COMPLETED 12-5-02	

PERMIT NUMBER
NAME OF DRILLING FIRM NECHIE WELL

NAME & MAILING ADDRESS OF LANDOWNER ANGEL SENT FLOWERS 22422 MERCEDES CN GRT MS 39503			
Latitude: Longitude:			
WELL LOCATION	SEC 5	TOWNSHIP 7 N	RANGE 2 E
DISTANCE 2 Miles	DIRECTION SE	NEAREST TOWN LIZANA	
OTHER LANDMARK			
WELL PURPOSE: Home <input checked="" type="checkbox"/> Irrigation, Municipal, Industrial, 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 1

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
MUD SAND	0	20
SAND	20	30
B CLAY	30	35
SAND	35	40
B CLAY	40	120
SAND	120	130
B CLAY	130	155
SAND	155	170

WELL DATA		
Well Depth 170	Casing Diameter (In.) 2	Casing Length (Ft.) 160
Type of Casing PVC	Hole Depth 170	Depth to Static Water Level 25
TYPE OF COMPLETION: (Circle One or More): Gravel Backed, Underreamed, Telescoped, Natural Development, Open Hole, 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 170	

RECEIVED

FEB 13 2003

BY: OLWR

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 A. [Signature] 0660 **12-10-02**

Signature of Licensed Driller and License No. 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.