

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-394 CODED

DATE WELL COMPLETED
2-24-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Necaise Well Serv.

NAME & MAILING ADDRESS OF LANDOWNER
Linda Moss
22354 N Pine
Pass Christian, MS

Latitude:
Longitude:

WELL LOCATION: SEC 20 TOWNSHIP 7 N RANGE 12 E

DISTANCE 4 Miles DIRECTION NE of NEAREST TOWN DELSIE

OTHER LANDMARK

WELL PURPOSE Home, 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 |
|---------------------------------------|------------|------------|
| <u>sand</u> | <u>0</u> | <u>20</u> |
| <u>gravel</u> | <u>20</u> | <u>40</u> |
| <u>w. clay</u> | <u>40</u> | <u>70</u> |
| <u>b. clay</u> | <u>70</u> | <u>90</u> |
| <u>sand</u> | <u>90</u> | <u>100</u> |
| <u>b. clay</u> | <u>100</u> | <u>200</u> |
| <u>sand</u> | <u>210</u> | <u>225</u> |

WELL DATA

| | | |
|------------------------------|-----------------------------------|--|
| Well Depth <u>225</u> | Casing Diameter (In.) <u>2</u> | Casing Length (Ft.) <u>215</u> |
| Type of Casing <u>PVC</u> | Motor Depth <u>225</u> | Depth to Static Water Level <u>47</u> |

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
(Describe) _____

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

| | | |
|-------------------------------|--------------------------------------|-----------------------------------|
| Diameter - Inches <u>2</u> | Length - Feet <u>10</u> | Slot Size - Inches <u>.004</u> |
| Screen Type <u>PVC</u> | Depth to Bottom - Feet <u>225</u> | |

RECEIVED

OCT 02 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.

[Signature] 0660
Signature of Licensed Driller and License No.

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. |
|---------------------|---------------|----------------------|

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.