

**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 <u>Harrison</u>	
WELL NUMBER <u>K-398</u>	CODED
DATE WELL COMPLETED <u>11-11-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Necaise Well Serv.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Donnie Yates</u>	
<u>23082 Unicorn Pass Christian, MS 39571</u>	
Latitude:	Longitude:
WELL LOCATION: SEC <u>30</u> TOWNSHIP <u>7 N</u> RANGE <u>12 E</u>	
DISTANCE <u>4</u> Miles	DIRECTION <u>N</u> of NEAREST TOWN <u>QUEVENS</u>
OTHER LANDMARK	
WELL PURPOSE: Home, <u>Drigation</u> , Municipal, Industrial, Fish Pond, etc.	

PUMP DATA	
PUMP TYPE (Circle One): Submersible, Turbine, <u>Jet</u> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <u>Electric</u> Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>20</u>
<u>sand</u>	<u>20</u>	<u>55</u>
<u>clay</u>	<u>55</u>	<u>80</u>
<u>clay</u>	<u>80</u>	<u>255</u>
<u>clay</u>	<u>255</u>	<u>270</u>

WELL DATA		
Well Depth <u>270</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>260</u>
Type of Casing <u>PVC</u>	Hole Depth <u>270</u>	Depth to Static Water Level <u>60'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		

RECEIVED  
DEC 04 2003  
BY: OLWR

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

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>270</u>	

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] 01000      11/20/03  
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.
---------------------	---------------	---------------	-----

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.