

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>0-364</u>	CODED
DATE WELL COMPLETED <u>9/19/03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>NECAISE WELL</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>DARYL JOHNSON</u> <u>Arcadia</u>			
<u>PASSchristian, MS 39571</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <u>7</u>	TOWNSHIP <u>B</u>	RANGE <u>2</u>
DISTANCE	DIRECTION <u>N</u>	NEAREST TOWN <u>CLUBS</u>	
OTHER LANDMARK			
WELL PURPOSE <input checked="" type="checkbox"/> Home, <input 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, <input checked="" type="radio"/> Jet, <input type="radio"/> Flowing Well, Other (Describe) _____	
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ M/P <u>1</u>	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>red clay</u>	<u>0</u>	<u>10</u>
<u>6 red clay</u>	<u>10</u>	<u>20</u>
<u>sand</u>	<u>20</u>	<u>45</u>
<u>6 clay</u>	<u>45</u>	<u>250</u>
<u>red</u>	<u>250</u>	<u>280</u>
<u>clay</u>	<u>280</u>	<u>290</u>
<u>sand</u>	<u>290</u>	<u>405</u>

WELL DATA		
Well Depth <u>405</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>395</u>
Type of Casing <u>PVC</u>	Hole Depth <u>405</u>	Depth to Static Water Level <u>30</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, Mix

SCREEN DATA		
Diameter - Inches <u>2</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>.006</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>405</u>	

RECEIVED

DEC 04 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 IV 0660
 Signature of Licensed Driller and License No.

08-25-03
 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.