

**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>W-308</u>	CODED
DATE WELL COMPLETED <u>2-13-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Nealor Well Service</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>BETTY LAIRD</u> <u>Arcadia Dr.</u>			
Latitude: <u>LONG BEACH MS</u> Longitude:			
WELL LOCATION	SEC <u>7</u>	TOWNSHIP <u>S17</u>	RANGE <u>5W</u>
DISTANCE <u>1</u> Miles	DIRECTION <u>W</u>	NEAREST TOWN <u>CLUBS</u>	
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> , Irrigation, Municipal, Industrial, Fish Pond, etc.			

<b>PUMP DATA</b>		
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) <u>H/P</u>		

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>20</u>
<u>sand</u>	<u>20</u>	<u>30</u>
<u>w clay</u>	<u>30</u>	<u>80</u>
<u>b clay</u>	<u>80</u>	<u>825</u>
<u>sand</u>	<u>225</u>	<u>270</u>
<u>b clay</u>	<u>270</u>	<u>280</u>
<u>sand</u>	<u>280</u>	<u>285</u>
<u>b clay</u>	<u>285</u>	<u>420</u>
<u>sand</u>	<u>420</u>	<u>425</u>
<u>b clay</u>	<u>425</u>	<u>460</u>
<u>sand (fine)</u>	<u>460</u>	<u>475</u>
<u>sand</u>	<u>475</u>	<u>495</u>

**RECEIVED**  
MAR 26 2004  
**BY: OLWR**

<b>WELL DATA</b>		
Well Depth <u>495'</u>	Casing Diameter (In.) <u>2</u>	Casing Length (Ft.) <u>495'</u>
Type of Casing <u>PVC</u>	Hole Depth <u>295'</u>	Depth to Static Water Level <u>65'</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Pack</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe)		
WELL GROUTED TO A DEPTH OF <u>10 FEET</u> Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

<b>SCREEN DATA</b>		
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>495'</u>	

Top of Lap Pipe or Reduction in Casing	FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
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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. 0-6000

03-04-04  
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.