

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
C-319

DATE WELL COMPLETED
02/17/04

PERMIT NUMBER
0239

NAME OF DRILLING FIRM
McGill Pump & Well

NAME & MAILING ADDRESS OF LANDOWNER
VIRGINIA FEAZELL
20132 SCARBOROUGH RD.

Latitude: **Saucier, MS.**
Longitude: **39574**

WELL LOCATION: SEC **29** TOWNSHIP **75 N** RANGE **11 E**

DISTANCE **8** MILES **N** DIRECTION **of GPT.** NEAREST TOWN

OTHER LANDMARK
Hwy 49

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 |
|---------------------------------------|------------|------------|
| MUD | 0 | 260 |
| SAND | 260 | 308 |
| | | |
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WELL DATA

| | | |
|------------------------------|------------------------------------|---|
| Well Depth 300 | Casing Diameter (In.) 2" | Casing Length (Ft.) 280 |
| Type of Casing PVC | Mole Depth 300 | Depth to Static Water Level 80' |

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

RECEIVED

MAR 12 2004

BY: OLWR

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

SCREEN DATA

| | | |
|--------------------------------|---------------------------------------|------------------------------------|
| Diameter - Inches 2" | Length - Feet 90' | Slot Size - Inches .0026 |
| Screen Type PVC | Depth to Bottom - Feet 300' | |

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.

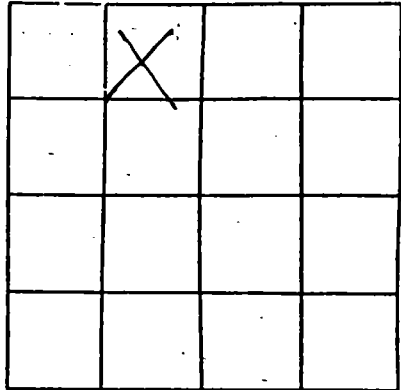
Michael McNeil 0239
Signature of Licensed Driller and License No.

03/09/03
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 | |
| 13 | 2 | 100 | FT. |

PUMP TEST

Well yielded 13 GPM with
 a drawdown of 10 ft.
 after 24 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.