

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 L-735 CODED
DATE WELL COMPLETED
9/11/03

PERMIT NUMBER 0239
NAME OF DRILLING FIRM
McEill Pump & Well

NAME & MAILING ADDRESS OF LANDOWNER
RMC Ewell Inc.
P.O. B. 14270 CREOSOTE RD.
Latitude: _____
Longitude: 67° 15' N.S.
WELL LOCATION: SEC 22 TOWNSHIP 7 RANGE 11
DISTANCE 1 Miles DIRECTION E of NEAREST TOWN ART.
OTHER LANDMARK
CREOSOTE RD.
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 _____

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------|-----|
| SAND / WHITE | 30 | 60 |
| MUD / BLUE | 60 | 320 |
| SAND / BLUE | 320 | 380 |
| MUD / BLUE | 380 | 520 |
| SAND / BLUE | 520 | 580 |
| MUD / BLUE | 580 | 660 |
| SAND / BLUE | 660 | 740 |

WELL DATA

| | | |
|------------------------------|-------------------------------------|--|
| Well Depth <u>740</u> | Casing Diameter (In.) <u>4x2</u> | Casing Length (Ft.) <u>720</u> |
| Type of Casing <u>PVC</u> | Hole Depth <u>740</u> | Depth to Static Water Level <u>40</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>20'</u> | Slot Size - Inches <u>.0006</u> |
| Screen Type <u>PVC</u> | Depth to Bottom - Feet <u>140</u> | |

RECEIVED

OCT 13 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.

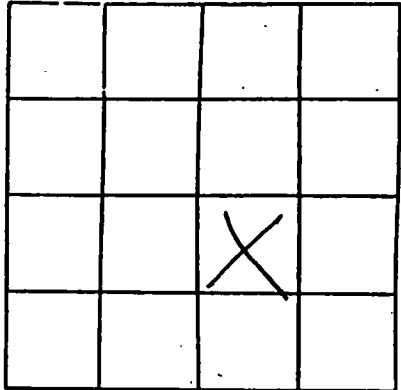
Michael McEill 0239 10/08/03
Signature of Licensed Driller and License No. Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

200' 4"
540' 2"



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.