

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 E-736 CODED

PERMIT NUMBER 0239

NAME OF DRILLING FIRM
McGill Pump & Well

DATE WELL COMPLETED
10-11-03

NAME & MAILING ADDRESS OF WELL OWNER
R Mc Ewell Inc.

P.O.B. Credoate Rd

Latitude: _____
Longitude: 97° 11' N.S.

WELL LOCATION: SEC 22 TOWNSHIP 7S RANGE 11W

DISTANCE _____ MILES _____ DIRECTION E of NEAREST TOWN APT.

OTHER LANDMARK
Credoate 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
<u>SAND / WHITE</u>	<u>30</u>	<u>60</u>
<u>MUD / BLUE</u>	<u>60</u>	<u>320</u>
<u>SAND / BLUE</u>	<u>320</u>	<u>380</u>
<u>MUD / BLUE</u>	<u>380</u>	<u>520</u>
<u>SAND / BLUE</u>	<u>520</u>	<u>580</u>
<u>MUD / BLUE</u>	<u>580</u>	<u>660</u>
<u>SAND / BLUE</u>	<u>660</u>	<u>740</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

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>740</u>	

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

Additional Information Required On Back

DO NOT REMOVE ORIGINALS

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REMOVE
ORIGINALS