

Skelton

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
Washington

WELL NUMBER A-160 CODED

DATE WELL COMPLETED
5-15-02

PERMIT NUMBER
GW42041

NAME OF DRILLING FIRM
Chicot Irrigation

NAME & MAILING ADDRESS OF LANDOWNER
HUNTINGTON FARMS
PO Box 217
WINTERVILLE, MS 38782

Latitude: 33 30 33 20"
Longitude: 091 01 48 11"

WELL LOCATION. SEC 10 18 TOWNSHIP 19 N RANGE 8 W

DISTANCE 2 Miles. DIRECTION East of NEAREST TOWN Winterville

OTHER LANDMARK
(Natural Gas Lines)

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>Top Soil</u>	<u>0</u>	<u>10</u>
<u>Gravel</u>	<u>10</u>	<u>70</u>
<u>med. Sand</u>	<u>40</u>	<u>50</u>
<u>med. Coarse Sand</u>	<u>50</u>	<u>70</u>
<u>med. Fine Sand</u>	<u>70</u>	<u>80</u>
<u>Coarse Sand</u>	<u>80</u>	<u>100</u>
<u>Gravel</u>	<u>100</u>	<u>103</u>

RECEIVED

JUN 10 2002

Dept. of Environmental Quality
Office of Land & Water Resources

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

WELL DATA

Well Depth 100 Casing Diameter (In.) 16 Casing Length (Ft.) 60

Type of Casing PVC Hole Depth 103 Depth to Static Water Level _____

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe) _____

WELL GROUTED TO A DEPTH OF _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 16 Length - Feet 40 Slot Size - Inches 051

Screen Type PVC Depth to Bottom - Feet 100

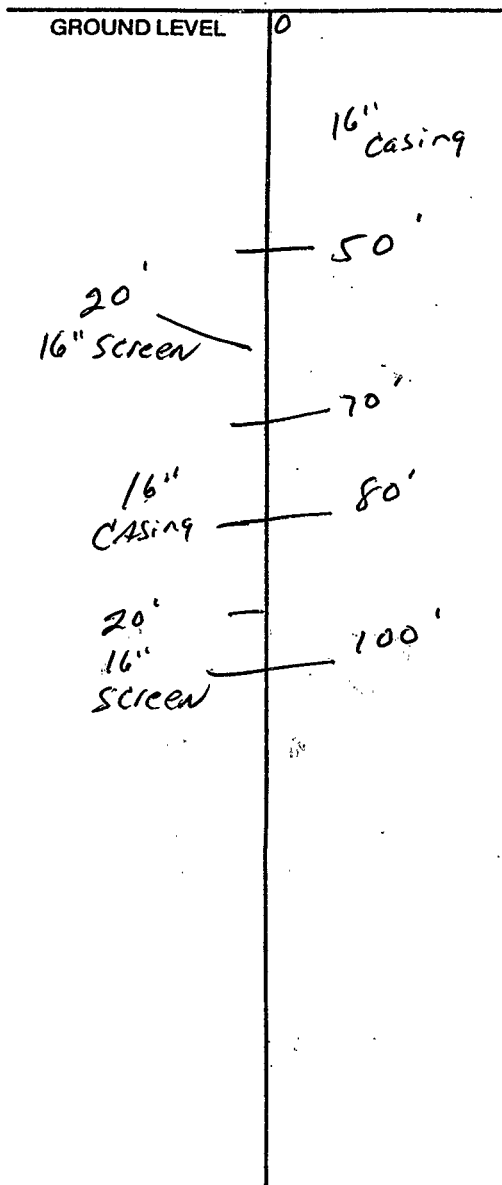
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Janna D. McDonald
Signature of Licensed Driller and License No.
#0332

4/4/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.



If more than one screen, show location of each on sketch.

	X		

SECTION 15

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
