

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-1109

CODED

DATE WELL COMPLETED
9-5-03

PERMIT NUMBER

NAME OF DRILLING FIRM
Schudco Ltd

NAME & MAILING ADDRESS OF LANDOWNER
Macedonia M.B. Church

Blaylock Rd Greenville MS

Latitude: *33° 28' 32 N*
Longitude: *091° 02' 12 W*

WELL LOCATION. SEC TOWNSHIP RANGE
28 19 N 8 E

DISTANCE DIRECTION NEAREST TOWN
1 1/2 Miles North of Greenville

OTHER LANDMARK

WELL PURPOSE: Home/Irrigation, Municipal, Industrial, Fish Pond, etc.
Church

WELL DATA

Well Depth <i>500</i>	Casing Diameter (In.) <i>4x2</i>	Casing Length (Ft.) <i>480</i>
Type of Casing <i>pvc</i>	Hole Depth <i>500</i>	Depth to Static Water Level <i>65 ft</i>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input checked="" type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe)		

WELL GROUTED TO A DEPTH OF *10* FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <i>2</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>1008</i>
Screen Type <i>pvc</i>		Depth to Bottom - Feet <i>500</i>

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
<i>Clay</i>	<i>0</i>	<i>15</i>
<i>Sand</i>	<i>15</i>	<i>93</i>
<i>Clay</i>	<i>93</i>	<i>400</i>
<i>Shell</i>	<i>400</i>	<i>450</i>
<i>sand</i>	<i>450</i>	<i>500</i>

RECEIVED
SEP 29 2003
BY: OLWD

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.

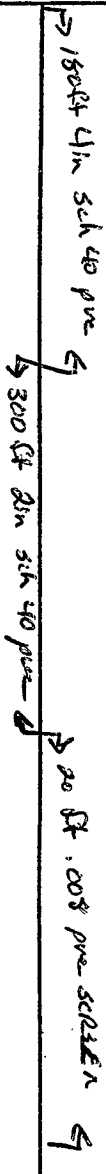
Charles M. ...
Signature of Licensed Driller and License No.

9-16-03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



X			

SECTION 28

Please indicate well location X.

Pump Capacity (GPM) <u>20</u>	No. of Stages <u>7</u>	Setting Depth <u>105</u> 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.