

**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 <i>Washington</i>	
WELL NUMBER <b>G-316</b>	CODED
DATE WELL COMPLETED <b>6-5-04</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Schudco Ltd</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Steele Farms</i>			
<i>HOLLANDALE Ms 38748</i>			
Latitude: <i>33° 21' 22" N</i>			
Longitude: <i>090° 59' 29" W</i>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
<i>NE/NE</i>	<i>7<sup>th</sup></i>	<i>17<sup>th</sup> S</i>	<i>18<sup>th</sup> E</i>
DISTANCE	DIRECTION	NEAREST TOWN	
<i>3 1/2</i> Miles	<i>South</i>	of <i>Greenville</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, <u>Irrigation</u> , Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, <u>Turbine</u> , Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): Electric, Tractor, <u>Diesel</u> , Gasoline, Butane, Other (Describe) H/P <i>60</i>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>40</i>
<i>fine to med sand</i>	<i>40</i>	<i>50</i>
<i>med sand</i>	<i>50</i>	<i>60</i>
<i>med to coarse sand</i>	<i>60</i>	<i>70</i>
<i>coarse sand + gravel</i>	<i>70</i>	<i>90</i>
<i>(Replacement)</i>		
<b>RECEIVED</b>		
<b>JUN 29 2004</b>		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <i>90</i>	Casing Diameter (In.) <i>16</i>	Casing Length (Ft.) <i>60</i>
Type of Casing	Hole Depth	Depth to Static Water Level <i>20 ft.</i>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)		
WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): Cement, <u>Bentonite</u> , or Mix		

SCREEN DATA		
Diameter - Inches <i>16</i>	Length - Feet <i>30</i>	Slot Size - Inches <i>.035</i>
Screen Type <i>pvc</i>	Depth to Bottom - Feet <i>90</i>	

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. Spots*  
Signature of Licensed Driller and License No.

*6-25-04*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 7

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
1800	1	60	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

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