

Hillburn - Zeponi

428087

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 CODED
H-189

DATE WELL COMPLETED
4-2-04

PERMIT NUMBER

NAME OF DRILLING FIRM
Chicot Irrigation

NAME & MAILING ADDRESS OF LANDOWNER
**Mississippi MUD, Inc.
#15 VALCOURT PLACE
THE WOODLANDS, TX 77382**

Latitude: **33 18 21 13**
Longitude: **090 53 14 08**

WELL LOCATION SEC TOWNSHIP RANGE
NE/SE 24 23 17 N 7 E

DISTANCE DIRECTION NEAREST TOWN
:03 Miles west of Wilmont

OTHER LANDMARK
Between old 61 + New 61

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 **60**

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------------|------------|
| TOP SOIL | 0 | 10 |
| Mix CLAY | 10 | 40 |
| Fine Gray Sand | 40 | 75 |
| COARSE Gray Sand | 75 | 90 |
| Fine Gray Sand | 90 | 95 |
| COARSE Gray Sand | 95 | 110 |
| Gray CLAY | 110 | 113 |

RECEIVED
APR 13 2004
BY: OLWR

WELL DATA

Well Depth **110** Casing Diameter (in.) **16** Casing Length (Ft.) **75**

Type of Casing **PVC** Hole Depth **113** 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 **10** FEET
Type Grout (circle one): Cement, Bentonite or Mix

SCREEN DATA

Diameter - Inches **16** Length - Feet **30** Slot Size - Inches **051**

Screen Type **PVC** Depth to Bottom - Feet **110**

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

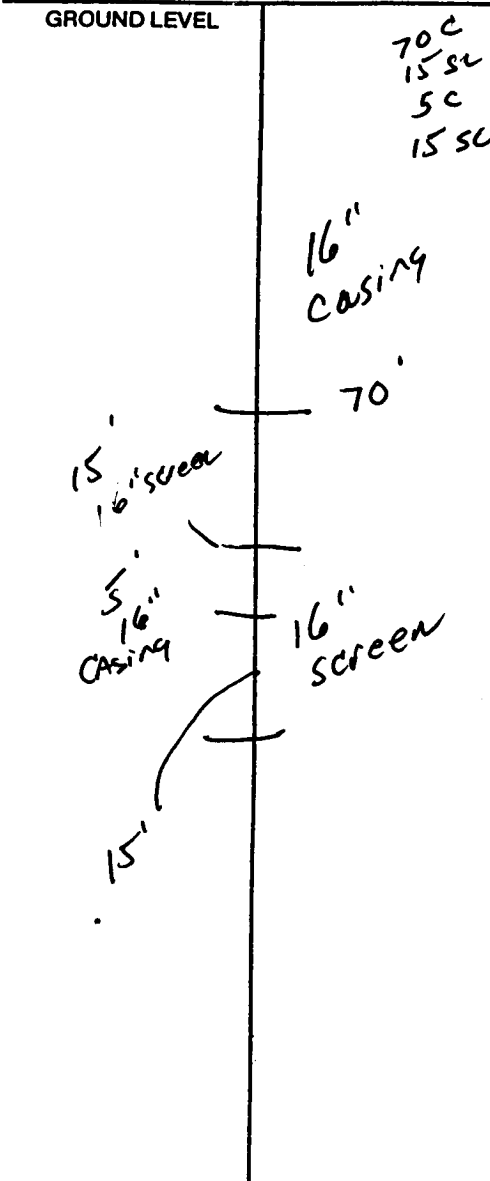
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James McDonald
Signature of Licensed Driller and License No. **0-332**

4-9-04
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 24

Please indicate well location X.

| | | |
|------------------------------|---------------|---------------|
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| 2000 | 2 | 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
