

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 <u>Washington</u>	
WELL NUMBER <u>5-45</u>	CODED
DATE WELL COMPLETED <u>4-24-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Schuelco Ltd</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>O'Hare Farms</u> <u>P.O. Box 185</u> <u>Hickman, MS 38748</u>			
Latitude: <u>33° 18' 53" N</u> Longitude: <u>090° 51' 51" W</u>			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>19</u>	<u>17</u>	<u>6</u> ^N / _S ^E / _W
DISTANCE	DIRECTION	NEAREST TOWN	
<u>3</u> Miles	<u>North</u> of	<u>Arcola</u>	
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 _____		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>20</u>
<u>fine sand</u>	<u>20</u>	<u>30</u>
<u>med to coarse sand</u>	<u>30</u>	<u>60</u>
<u>coarse sand + p-gravel</u>	<u>60</u>	<u>97</u>
<u>clay</u>	<u>97</u>	<u>100</u>
<u>(Replacement well)</u>		
RECEIVED		
MAY 19 2004		
BY: OLW/R		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>100</u>	Casing Diameter (In.) <u>16</u>	Casing Length (Ft.) <u>60</u>
Type of Casing <u>pvc</u>	Hole Depth <u>100</u>	Depth to Static Water Level <u>22 ft</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other (Describe) _____		

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

SCREEN DATA		
Diameter - Inches <u>16</u>	Length - Feet <u>40</u>	Slot Size - Inches <u>.035</u>
Screen Type <u>pvc</u>	Depth to Bottom - Feet <u>100</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.

Charles M. Schultz
Signature of Licensed Driller and License No. 0-0667

5-3-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X		✗	

SECTION 19

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	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.