

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>R-120</u>	CODED
DATE WELL COMPLETED <u>10-28-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Schudes Ltd.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>MARY ALLEN</u> <u>22 Trotter Rd</u> <u>Greenhill MS 38701</u>			
Latitude: <u>33° 11' 15N</u> Longitude: <u>091° 02' 34W</u>			
WELL LOCATION	SEC <u>35</u>	TOWNSHIP <u>16</u>	RANGE <u>8</u>
DISTANCE <u>4</u> Miles		DIRECTION <u>South</u> of	NEAREST TOWN <u>Avon</u>
OTHER LANDMARK			
WELL PURPOSE: <u>Home</u> , Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> , Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>1</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>clay</u>	<u>0</u>	<u>10</u>
<u>course sand + gravel</u>	<u>10</u>	<u>96</u>
<u>clay</u>	<u>96</u>	<u>220</u>
<u>med sand</u>	<u>220</u>	<u>240</u>
<u>clay with sand streaks</u>	<u>240</u>	<u>290</u>
<u>med to course sand</u>	<u>290</u>	<u>320</u>
<u>course sand</u>	<u>320</u>	<u>340</u>
RECEIVED		
NOV 21 2003		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>340</u>	Casing Diameter (In.) <u>4x2</u>	Casing Length (Ft.) <u>320</u>
Type of Casing <u>pvc</u>	Hole Depth <u>340</u>	Depth to Static Water Level <u>31 ft</u>
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, <u>Natural Development</u> , Open Hole, Other		

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

SCREEN DATA		
Diameter - Inches <u>2</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>.008</u>
Screen Type <u>pvc</u>	Depth to Bottom - Feet <u>340</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. Nichols
Signature of Licensed Driller and License No.

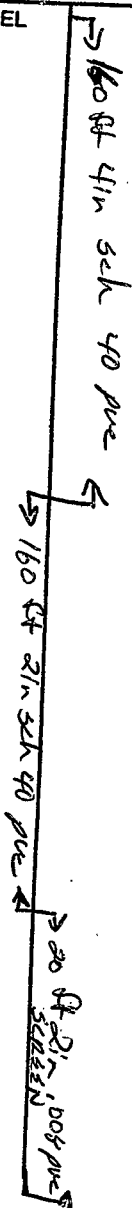
11-17-03
Date

0-0667

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



		X	

SECTION 35

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
20	7	105 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:

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