

Replaces 36479?

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Washington

WELL NUMBER
M-167

CODED

DATE WELL COMPLETED
6-6-02

33-12-06 90-49-43

PERMIT NUMBER

NAME OF DRILLING FIRM
Irrigation Equipment Inc.

Indianola, MS

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
Harvest Select
Box 416
Hollandale, MS 38746

Latitude:
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE
SW/SW 28 16N 6W E

DISTANCE DIRECTION NEAREST TOWN
Miles NE Hollandale

OTHER LANDMARK

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

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 |
|---------------------------------------|------|-----|
| Clay | 0 | 19 |
| Fine Sand | 19 | 50 |
| Fine Sand/gravel | 50 | 60 |
| Med. Sand/gravel | 60 | 80 |
| Fine Sand | 80 | 88 |
| Med. Sand/gravel | 88 | 115 |

WELL DATA

Well Depth 115 Casing Diameter (In.) 16 Casing Length (Ft.) 75

Type of Casing PVC Hole Depth 115 Depth to Static Water Level 27ft.

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe)

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

SCREEN DATA

| Diameter - inches | Length - Feet | Slot Size - inches |
|-------------------|---------------|--------------------|
| 16 | 40 | .050 |

Screen Type PVC Depth to Bottom - Feet


Screen 60-80
Blank 80-95
Screen 95-115

RECEIVED
JUL 22 2002
BY: OLWR

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.

 0439 7-18-02

Signature of Licensed Driller and License No. 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) | No. of Stages | Setting Depth |
| 2500 | 2 | 70 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.