DEQ ON 4/16/04 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL **Bolivar** WELL NUMBER CODED PERMIT NUMBER Office of Land and Water Resources NAME OF DRILLING FIRM P.O. Box 10631 Layne-Central, a division of Layne Jackson, MS 39289-0631 4/1/04 WATER WELL DRILLERS LOG Christensen Company NAME & MAILING ADDRESS OF LANDOWNER **PUMP DATA** Radicioni Farms Partnership PUMP TYPE (Check One): Installed Customer's Pump 1215 May Street Clarksdale, MS 38614 ☐ Submersible ☒ Turbine ☐ Jet ☐ Flowing Well ☐ Other (Describe) POWER TYPE (Check One): ☑ Electric ☐ Tractor ☐ Diesel ☐ Gasoline ☐ Butane Latitude: Other (Describe) Longitude: DESCRIPTION OF FORMATIONS ENCOUNTERED WELL LOCATION TOWNSHIP SEC RANGE FROM TO \times N ΠЕ Top Soil 12 0 XW 21 24 \Box s **Coarse Sand** 12 43 Coarse Sand, Borderline Sand 43 53 DISTANCE DIRECTION NEAREST TOWN 2 Winstonville **Borderline Sand** 53 63 Miles East OTHER LANDMARK Coarse Sand 63 83 Coarse Sand, Gravel 83 116 WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. Irrigation **WELL DATA** Well Depth Casing Diameter (in) Casing Length (Ft.) 16" 76 ft. 116 ft. Type of Casing Hole Depth Depth to Static Water Level **PVC** 116 ft. 39 ft. TYPE OF COMPLETION (Check One or More) ☐ Underreamed ☑ Gravel Packed ☐ Telescoped ☐ Other ☐ Natural Development Open Hole (Describe) WELL GROUTED TO A DEPTH OF 10 FEET Type of Grout (Check One) ✓ Cement ☐ Bentonite or ☐ Mix SCREEN DATA Length - feet Slot Size - inches Diameter - inches 16" .050 Depth to Bottom - Feet Top of Lap Pipe or Reduction in Casing Screen Type IF TELESCOPED OR MORE THAN **FEET PVC** 116 ft. 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. 0-64

Additional Information Required on Back

Signature of Licensed Driller and License No.

WELL INFO MAILED TO

If well telescopes, please sketch and show depths.				
			1	
GROUND LEVEL				
	SECTION			
	Please indicate well location X.			
	Pump Capac 20 0	ity (GPM)	2	FT.
	PUMP TEST			
	Well yielded	NOT TESTED		GPM with
	a drawdown	of		ft.
	after hours of pumping LOG DATA TYPE OF LOG RUN (Check One): ☑ No Log Run ☐ Electric, ☐ Gamma Ray, ☐ Density, ☐ Sonic, ☐ Neutron, ☐ Other (Describe) Name of Organization Running Log N/A			
		GEOLOGICAL DATA (Office Use Only)		
+	Surface Elev	. Geologic Unit	Unit Thickness	Depth to Top
	Subs SWL	Date	Analysis	Aquifer Test
	Driller's Remarks Layne File No. 22-9249			
If more than one screen,				
show location of each on sketch.				