

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 Bolivar	
WELL NUMBER 2	CODED
DATE WELL COMPLETED 3/29/01	

PERMIT NUMBER
NAME OF DRILLING FIRM Layne-Central, a division of Layne
Christensen Company

NAME & MAILING ADDRESS OF LANDOWNER
**Skelton Farms Partnership
P.O. Box 328
Pace, MS 38764**

WELL LOCATION	SEC 27	TOWNSHIP 23	RANGE 7
		<input checked="" type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input checked="" type="checkbox"/> W

DISTANCE 5	DIRECTION West	NEAREST TOWN Pace
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OTHER LANDMARK

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

Well Depth 142 ft.	Casing Diameter (in) 16"	Casing Length (ft) 75 ft.
Type of Casing PVC	Hole Depth 143 ft.	Depth to Static Water Level 37 ft.

TYPE OF COMPLETION (Check One or More)

Gravel Packed Underreamed Telescoped
 Natural Development Open Hole Other

WELL GROUTED TO A DEPTH OF **10** FEET

Type of Grout (Check One) Cement Bentonite or Mix

Diameter - inches 16"	Length - feet 67 ft. (remarks*)	Slot Size - inches .050
Screen Type PVC	Depth to Bottom - Feet 142 ft.	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	13
Borderline Sand	13	43
Coarse Sand	43	63
Coarse Sand, Pea Gravel	63	83
Coarse Sand, Borderline Sand	83	93
Borderline Sand, Coarse Sand	93	103
Coarse Sand, Pea Gravel	103	143

PUMP DATA		
PUMP TYPE (Check One): <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (Describe)		
POWER TYPE (Check One): <input type="checkbox"/> Electric <input type="checkbox"/> Tractor <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Butane <input type="checkbox"/> Other (Describe) H/P		
Pump Capacity (GPM) 2400	No. of Stages 1	Setting Depth 70 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) <input checked="" type="checkbox"/> No Log Run. <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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	Adjuster Test
Driller's Remarks N33° 49.021' W090° 54.313' 10 ft. screen - 17 ft. blank - 40 ft. screen 33 49 02 90 54 19 Top of Lap Pipe or Reduction in Casing FEET IF TELESCOPED OR MORE THAN ONE SCREEN, USE BACK PAGE			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO	FORMATIONS (Continued)	FROM	TO

RECEIVED

AUG 09 2001

REC'D JUN 12 2001