

County Well Located

WELL NUMBER <b>2</b>	CODED	PERMIT NUMBER
DATE WELL COMPLETED <b>2-25-02</b>	NAME OF DRILLING FIRM <b>C.P. Clark</b> <b>Davel, MS.</b>	

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Office of Land and Water Resources

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

NAME & MAILING ADDRESS OF LANDOWNER:  
**Preksering Bros.**  
**Chickadee Farm**  
**Sylorsville, MS.**

Latitude:  
Longitude:

WELL LOCATION: SEC **11** TOWNSHIP **8** RANGE **9** **11** **W**

DISTANCE **2** MILES DIRECTION **South** NEAREST TOWN **Hahon**

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**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Red Clay	0	5
Sand & Peat	5	88
Clay	88	90

**WELL DATA**

Well Depth <b>88</b>	Casing Diameter (in.) <b>6"</b>	Casing Length (ft.) <b>68</b>
Type of Casing <b>Galv. Iron</b>	Hole Depth <b>88</b>	Depth to Static Water Level <b>13'</b>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="radio"/> Gravel Packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped, <input checked="" type="radio"/> Natural Development <input type="radio"/> Open Hole <input type="radio"/> Other (Describe)		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

**SCREEN DATA**

Diameter - inches <b>6"</b>	Length - feet <b>20'</b>	Slot Size - inches
Screen Type <b>Stamper Steel</b>	Depth to Bottom - Feet <b>88</b>	
Top of Lap Pipe or Reduction in Casing FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

**RECEIVED**  
FEB 25 2002  
D.Y. OLWR

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.

**C.P. Clark**  
Signature of Licensed Driller and License No.

**2.20.02**  
Date

Additional Information Required On Back