

33-45-13 90-17-46

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
LEFLORE
 WELL NUMBER
B-87
 CODED
 DATE WELL COMPLETED
5/10/01

PERMIT NUMBER
 NAME OF DRILLING FIRM
HOUSTON DRILLING

NAME & MAILING ADDRESS OF LANDOWNER
Walnut Grove Plant
512 West Beltvue
Drew MS - 38737
 Latitude:
 Longitude:
 WELL LOCATION: SEC TOWNSHIP RANGE
SE/SE 22²¹ 22^(N) 1^(E)
 DISTANCE DIRECTION NEAREST TOWN
1 Miles **NW** of **Water**
 OTHER LANDMARK
city
 WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

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
CLAY **13**
FINE SAND **13** **40**
COARSE SAND **40** **110**

WELL DATA
 Well Depth **110** Casing Diameter (In.) **12** Casing Length (Ft.) **70**
 Type of Casing **pvc** Hole Depth **110** Depth to Static Water Level **28**
 TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other
 (Describe) _____
 WELL GROUTED TO A DEPTH OF **10 FEET**
 Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA
 Diameter - Inches **12** Length - Feet **40** Slot Size - Inches **35**
 Screen Type **pvc** Depth to Bottom - Feet **110**

Top of Lap Pipe or Reduction in Casing
 FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

REC'D OCT 05 2001

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.

Paul Powell 0-455
 Signature of Licensed Driller and License No.

REC'D SEP 24 2001
9/8/01
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
PUMP TEST			
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping			

LOG DATA

TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	No Log Run.
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.