

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Leflore

WELL NUMBER
B-101

CODED

DATE WELL COMPLETED
8-28-02

PERMIT NUMBER
USEW-39536

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
Equen Plantation

49665 County Rd 559
Schlater, MS 38952

Latitude:
Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE
NE/SE 8 22N S 1W E

DISTANCE DIRECTION NEAREST TOWN
NW Minter City
Miles of

OTHER LANDMARK

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

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 **30**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	18
Fine Sand	18	41
Fine Sand/gravel	41	55
Med. Sand/gravel	55	115

RECEIVED

SEP 23 2002

BY: OLWR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth 115	Casing Diameter (In.) 10	Casing Length (Ft.) 75
Type of Casing pvc	Hole Depth 115	Depth to Static Water Level 29ft.

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 10	Length - Feet 40	Slot Size - Inches .050
Screen Type pvc	Depth to Bottom - Feet 115	

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 _____ 9-20-02
Signature of Licensed Driller and License No. _____ Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

8

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
	1	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.