MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

P.O. Box 10631
Jackson, Mississippi 39209

WATER WELL DRILLERS LOG

COUNTY WELL LOCATED: Leflore	
WELL NUMBER: F 123	CODED
DATE WELL COMPLETED: 4-15-89	
PERMIT NUMBER: 128 c or D	
NAME OF DRILLING FIRM: Dyn Well	

CODED

NAME & MAILING ADDRESS OF LANDOWNER
Tacket Fish Farm
Rt 1 Box 187
Schlater, Ms. 38952

WELL LOCATION: SEC 24 TOWNSHIP 20 (N) S RANGE 2 E (W)

DISTANCE 6 Miles DIRECTION NW of NEAREST TOWN Tha Bena

OTHER LANDMARK

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) ____

Pump Capacity (GPM)	No. of Stages	Setting Depth
3000	1	60 FT.

PUMP TEST

Well yielded ____ GPM with a drawdown of ____ ft. after ____ hours of pumping

WELL DATA

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
102'	16"	62'

Type of Casing	Hole Depth	Depth to Static Water Level
steel		

TYPE OF COMPLETION: (Circle One or More): (Gravel Packed), Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) ____

Top of Lap Pipe or Reduction in Casing FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

SCREEN DATA

Diameter - Inches	Length - Feet	Slot Size - Inches
16"	40'	.030

Screen Type	Depth to Bottom - Feet
Wire Wrap	

LOG DATA

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

Name of Organization Running Log: None

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

RECEIVED
APR 20 1989

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	28
Fine Sand	28	34
Fine Sand + Gravel	34	58
M. Sand + Gravel	58	70
Fine Sand + Gravel	70	86
M Sand + Gravel	86	90
Sand + Gravel	90	102

FORMATIONS (Continued) Description	FROM	TO
Bureau of Land & Water Resources		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

If more than one screen,
show location of each on sketch.

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION