

**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 E-142 | CODED |
| DATE WELL COMPLETED 9-11-01 | |

| |
|---|
| PERMIT NUMBER 60040655 |
| NAME OF DRILLING FIRM Irrigation Equipment Inc. |
| Indianola, MS |

| |
|---|
| NAME & MAILING ADDRESS OF LANDOWNER Tackett Farms |
| 23939 County Rd. 523 Schlater, MS 38952 |
| Latitude: Longitude: |
| WELL LOCATION: SEC TOWNSHIP RANGE nw/sw 14 20N N 2W E |
| DISTANCE DIRECTION NEAREST TOWN South Schlater |
| OTHER LANDMARK Mid-Valley Pipeline |
| 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 **75**

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------|-----|
| Clay | 0 | 21 |
| Fine Sand | 21 | 35 |
| Fine Sand/gravel | 35 | 45 |
| Med. Sand/gravel | 45 | 135 |
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WELL DATA

| | | |
|---|------------------------------------|---|
| Well Depth 135 | Casing Diameter (In.) 16 | Casing Length (Ft.) 75 |
| Type of Casing pvc | Hole Depth 135 | Depth to Static Water Level 36ft. |
| 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

REC'D DEC 10 2001

SCREEN DATA

| | | |
|--------------------------------|--------------------------------------|-----------------------------------|
| Diameter - Inches 16 | Length - Feet 60 | Slot Size - Inches .050 |
| Screen Type pvc | Depth to Bottom - Feet 135 | |

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

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.

John P. [Signature] 0-439
Signature of Licensed Driller and License No.

12-5-01
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|---|--|--|--|
| | | | |
| | | | |
| X | | | |
| | | | |

SECTION 14

Please indicate well location X.

| | | |
|---------------------|---------------|---------------|
| Pump Capacity (GPM) | No. of Stages | Setting Depth |
| 3500 to 4000 | 1 | 80 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.