

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 J 2017	CODED
DATE WELL COMPLETED 10-30-96	

PERMIT NUMBER
NAME OF DRILLING FIRM Irrigation Equipment
Indianola, MS

NAME & MAILING ADDRESS OF LANDOWNER			
C & L Farms			
P.O. Box 1447			
Indianola, MS 38751			
WELL LOCATION:	SEC	TOWNSHIP	RANGE
	20	19N	2W
		S	E
		W	W
DISTANCE	DIRECTION	NEAREST TOWN	
5	West	Itta Bena	
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, 15 Butane, Other (Describe) _____ H/P _____		
Pump Capacity (GPM)	No. of Stages	Setting Depth
750	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 (Fl.)
114	10	74
Type of Casing	Hole Depth	Depth to Static Water Level
PVC	114	37 ft.

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	Length - Feet	Slot Size - Inches
10	40	.050
Screen Type	Depth to Bottom - Feet	
PVC	114	

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	29
Fine Sand	29	35
Fine Sand & Gravel	35	55
Med. Sand & Gravel	55	114

FORMATIONS (Continued)	FROM	TO
RECEIVED		
FEB 04 1997		
Dept. of Environmental Quality Office of Land & Water Resources		

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

		x	

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SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

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