

**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 <i>LeFlore</i>	
WELL NUMBER <i>1</i>	CODED
K-107	
DATE WELL COMPLETED <i>5-02</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>CBS Drilling</i>

NAME & MAILING ADDRESS OF LANDOWNER  
*Flower's Equipment*  
*7100 Hwy. 82 West*  
*Greenwood, MS 38930*

Latitude:  
Longitude:

WELL LOCATION: SEC *12* TOWNSHIP *19 N* RANGE *R1 W*

DISTANCE *4* Miles DIRECTION *SW* of NEAREST TOWN *Greenwood*

OTHER LANDMARK

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

**WELL DATA**

Well Depth <i>435</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>415</i>
Type of Casing <i>PUC</i>	Hole Depth <i>438</i>	Depth to Static Water Level <i>11</i>

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 <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>10/10</i>
Screen Type <i>PUC</i>	Depth to Bottom - Feet <i>435</i>	

**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
<i>TOP Soil &amp; Clay</i>	<i>0</i>	<i>18</i>
<i>Sand</i>	<i>18</i>	<i>62</i>
<i>Sand &amp; Gravel</i>	<i>62</i>	<i>108</i>
<i>Sand</i>	<i>108</i>	<i>164</i>
<i>Clay &amp; ST. Sand</i>	<i>164</i>	<i>208</i>
<i>Shell</i>	<i>208</i>	<i>236</i>
<i>Shell &amp; ST. Sand</i>	<i>236</i>	<i>341</i>
<i>Shell &amp; Rocks</i>	<i>341</i>	<i>374</i>
<i>Sand</i>	<i>374</i>	<i>438</i>

**RECEIVED**

**MAY 16 2002**

**BY: OLWR**

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.

*Calvin Sullin 0-554*  
Signature of Licensed Driller and License No.

*5-02*  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION 12

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
29	9	63	FT.
PUMP TEST			
Well yielded <u>30</u> GPM with			
a drawdown of <u>12</u> ft.			
after <u>8</u> 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

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