

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 L-286 CODED

DATE WELL COMPLETED
4-28-03

PERMIT NUMBER
GW15951

NAME OF DRILLING FIRM
Irrigation Equipment Inc.

Indianola, MS

NAME & MAILING ADDRESS OF LANDOWNER
Leflore County Board of Supervisors

306 West Market St.
Greenwood, MS 38930

Latitude:
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
<u>SE/NW</u>	<u>10</u>	<u>19N</u>	<u>S 1E W</u>
DISTANCE	DIRECTION	NEAREST TOWN	
_____ Miles	_____ of	<u>Greenwood</u>	

OTHER LANDMARK

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

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
<u>Clay</u>	<u>0</u>	<u>25</u>
<u>Clay/fine sand</u>	<u>25</u>	<u>45</u>
<u>Fine Sand</u>	<u>45</u>	<u>60</u>
<u>Fine Sand/gravel</u>	<u>60</u>	<u>68</u>
<u>Med. Sand/gravel</u>	<u>68</u>	<u>100</u>

RECEIVED

MAY 13 2003

BY: OLWR

WELL DATA

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
<u>100</u>	<u>12</u>	<u>80</u>
Type of Casing	Hole Depth	Depth to Static Water Level
<u>pvc</u>	<u>100</u>	

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
<u>1.2</u>	<u>20</u>	<u>.050</u>
Screen Type	Depth to Bottom - Feet	
<u>pvc</u>	<u>100</u>	

Top of Lap Pipe or Reduction in Casing

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

[Signature] 0439 _____
Signature of Licensed Driller and License No. _____

5-9-03
Date _____

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 10

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
1100	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.