

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 N-104 CODED _____

DATE WELL COMPLETED
4-15-03

PERMIT NUMBER OW 40610

NAME OF DRILLING FIRM
Irrigation Equipment Inc.
Indianola, MS

NAME & MAILING ADDRESS OF LANDOWNER
Live Oaks Planting Co.

23939 CR 523
Schlater, MS 38952

Latitude: _____
Longitude: _____

WELL LOCATION.	SEC	TOWNSHIP	RANGE	E	W
<u>SW/NW</u>	<u>14</u>	<u>18N</u>	<u>2W</u>	<u>N</u>	<u>S</u>

DISTANCE _____ MILES DIRECTION SW NEAREST TOWN 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, Butane,
Other (Describe) _____ H/P 75

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>28</u>
<u>Fine Sand</u>	<u>28</u>	<u>45</u>
<u>Fine Sand/gravel</u>	<u>45</u>	<u>55</u>
<u>Med. Sand/gravel</u>	<u>55</u>	<u>85</u>
<u>Fine Sand/gravel</u>	<u>85</u>	<u>103</u>
<u>Med. Sand/gravel</u>	<u>103</u>	<u>133</u>

WELL DATA

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
<u>133</u>	<u>16</u>	<u>83</u>

Type of Casing	Hole Depth	Depth to Static Water Level
<u>pvc</u>	<u>133</u>	<u>33ft.</u>

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	Length - Feet	Slot Size - Inches
<u>16</u>	<u>50</u>	<u>.050</u>

Screen Type	Depth to Bottom - Feet
<u>pvc</u>	_____

~~30ft. Screen 133-103~~
~~20ft. Screen 85-65~~

RECEIVED
MAY 05 2003
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.

Jah R 0439
Signature of Licensed Driller and License No.

4-29-03
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) 3500 to 4000	No. of Stages 1	Setting Depth 80 FT.
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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.