

**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 <b>Leflore</b>	
WELL NUMBER <b>M 2015</b>	CODED
DATE WELL COMPLETED <b>8-23-95</b>	

PERMIT NUMBER
NAME OF DRILLING FIRM <b>Irrigation Equipment</b>
<b>Indianola, MS</b>

NAME & MAILING ADDRESS OF LANDOWNER <b>Morgan Fish Farm</b>	
<b>P.O. Box 174</b>	
<b>Morgan City, MS 38946</b>	
WELL LOCATION: SEC	TOWNSHIP RANGE
<b>26</b>	<b>18N N 2W E</b> <b>S W</b>
DISTANCE	DIRECTION NEAREST TOWN
<b>2</b> Miles	<b>NW</b> of <b>Morgan City</b>
OTHER LANDMARK	
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <b>Fish Pond</b>	

<b>PUMP DATA</b>		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P _____		
Pump Capacity (GPM)	No. of Stages	Setting Depth  FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

<b>WELL DATA</b>		
Well Depth <b>100</b>	Casing Diameter (In.) <b>16</b>	Casing Length (Fl.) <b>60</b>
Type of Casing <b>Steel</b>	Hole Depth <b>100</b>	Depth to Static Water Level <b>Est. 30 ft.</b>
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe) _____		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

<b>LOG DATA</b>	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____	
Name of Organization Running Log	

<b>SCREEN DATA</b>		
Diameter - Inches <b>16</b>	Length - Feet <b>40</b>	Slot Size - Inches <b>.060</b>
Screen Type <b>Steel</b>	Depth to Bottom - Feet <b>100</b>	

<b>GEOLOGIC DATA (Office Use Only)</b>			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test
Driller's Remarks			
<p align="center"><b>TOP OF LAP PIPE OR REDUCTION IN CASING</b> <b>FEET</b> IF TELESKOPED OR MORE THAN ONE SCREEN: USE BACK PAGE</p>			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	31
Fine Sand	31	45
Fine Sand & Gravel	45	53
Med. Sand & Gravel	53	100

FORMATIONS (Continued)	FROM	TO
<b>05125195</b>		
<b>Dept. of Environmental Quality</b> <b>Office of Land &amp; Water Resources</b>		
IF MORE SPACE IS NEEDED, USE BACK		

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 26

Please indicate well location X.

ADDITIONAL INFORMATION

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