

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL
QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED	
Leflore	
WELL NUMBER	CODED
<u>W-88</u>	
DATE WELL COMPLETED	
7-17-02	

PERMIT NUMBER
<u>GW40826</u>
NAME OF DRILLING FIRM
<u>Irrigation Equipment Inc.</u>
Indianola, MS

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
<u>Phoebe Thompson</u> <u>409 East Park Ave.</u> <u>Greenwood, MS 38930</u>

Latitude:
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
<u>NE/SW</u>	<u>18</u>	<u>18N</u> <u>S</u>	<u>1W</u> <u>E</u> <u>W</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u> </u> Miles	<u>SW</u>	<u>Quito</u> of <u> </u>	

OTHER LANDMARK

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

WELL DATA

Well Depth	Casing Diameter (in.)	Casing Length (ft.)
<u>115</u>	<u>16</u>	<u>75</u>
Type of Casing	Hole Depth	Depth to Static Water Level
<u>pvc</u>	<u>115</u>	<u>29ft.</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>16</u>	<u>40</u>	<u>.050</u>
Screen Type	Depth to Bottom - Feet	
<u>pvc</u>	<u>115</u>	

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 60

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Clay</u>	<u>0</u>	<u>18</u>
<u>Fine Sand</u>	<u>18</u>	<u>35</u>
<u>Fine Sand/gravel</u>	<u>35</u>	<u>55</u>
<u>Med. Sand/gravel</u>	<u>55</u>	<u>115</u>

RECEIVED

SEP 23 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.

Joh P. Q. 0439
Signature of Licensed Driller and License No.

9-20-02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 18

Please indicate well location X.

Pump Capacity (GPM) 2500 to 3000	Nd. of Stages 1	Setting Depth 60 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.