

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED <u>Leflore</u>	
WELL NUMBER <u>P-122</u>	CODED <input checked="" type="checkbox"/>
DATE WELL COMPLETED <u>3-24-03</u>	

PERMIT NUMBER <u>GW 39154</u>
NAME OF DRILLING FIRM <u>Irrigation Equipment Inc</u> <u>Indianola, MS</u>

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

NAME & MAILING ADDRESS OF LANDOWNER <u>Walter Pugh</u> <u>c/o Fred Champion</u> <u>Box 411</u> <u>Belzoni, MS 39038</u>

Latitude:
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE	
<u>SE/SW</u>	<u>32</u> ✓	<u>17N</u>	<u>2W</u>	<u>E</u>
		<u>S</u>		<u>W</u>

DISTANCE	DIRECTION	NEAREST TOWN
	<u>South</u>	<u>Swiftown</u>
Miles	of	

OTHER LANDMARK

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

WELL DATA

Well Depth <u>123</u>	Casing Diameter (In.) <u>10</u>	Casing Length (Ft.) <u>83</u>
Type of Casing <u>pvc</u>	Hole Depth <u>123</u>	Depth to Static Water Level <u>21ft.</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 <u>10</u>	Length - Feet <u>40</u>	Slot Size - Inches <u>.050</u>
Screen Type <u>pvc</u>	Depth to Bottom - Feet <u>123</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 20

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Fine Sand</u>	<u>0</u>	<u>27</u>
<u>Clay/fine sand</u>	<u>27</u>	<u>37</u>
<u>Fine Sand</u>	<u>37</u>	<u>47</u>
<u>Med. Sand</u>	<u>47</u>	<u>57</u>
<u>Coarse Sand</u>	<u>57</u>	<u>87</u>
<u>Coarse Sand/gravel</u>	<u>87</u>	<u>123</u>

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.

0439
 Signature of Licensed Driller and License No.

4-9-03
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

	X		

SECTION 32

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
	2	60 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.