

**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-2242* CODED
DATE WELL COMPLETED
3/1/02

PERMIT NUMBER
Gretn Water Well & Supply
NAME OF DRILLING FIRM
1318 Pricedale Dr. SE
Bogue Chitto, MS 39029

NAME & MAILING ADDRESS OF LANDOWNER
Johnny Gunnell
215 Noble Dr., Brookhaven
Latitude:
Longitude:
WELL LOCATION: SEC *9* TOWNSHIP *6* RANGE *7*
N S E W
DISTANCE *5* Miles DIRECTION *S* NEAREST TOWN *Brookhaven*
OTHER LANDMARK
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

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 _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Red Clay</i>	<i>0</i>	<i>17</i>
<i>Sand & Gravel</i>	<i>17</i>	<i>91</i>
<i>White Clay</i>	<i>91</i>	<i>96</i>

WELL DATA

Well Depth <i>90</i>	Casing Diameter (In.) <i>4</i>	Casing Length (Ft.) <i>70</i>
Type of Casing <i>PVC</i>	Hole Depth <i>96</i>	Depth to Static Water Level <i>50</i>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <i>10</i> FEET Type Grout (circle one): Cement, Bentonite, or <input checked="" type="radio"/> Mix		

SCREEN DATA

Diameter - Inches <i>4</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>.010</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>90</i>	

RECEIVED

APR 22 2002

BY: OLWR

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.

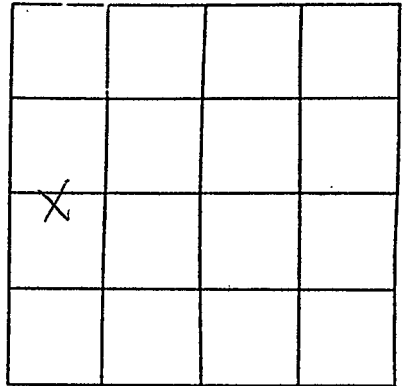
Brian McCendon 0664
Signature of Licensed Driller and License No.

3/1/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 9

Please indicate well location X.

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