

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
Madison

WELL NUMBER: **G-01** CODED

DATE WELL COMPLETED
8-26-91

PERMIT NUMBER
MSGW-14481

NAME OF DRILLING FIRM
Irrigation Equipment Inc.

Indianola, MS

NAME & MAILING ADDRESS OF LANDOWNER
Canton Fish Farm

Box 516
Indianola, MS 38751

Latitude:
Longitude:

| | | | |
|----------------|--------------|------------------|-------------|
| WELL LOCATION | SEC | TOWNSHIP | RANGE |
| | 4 | 10N | S 3W |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| 7 Miles | North | of Canton | |

OTHER LANDMARK

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

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine, Jet, Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, 30 Butane,
Other (Describe) H/P

| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
|---------------------------------------|------|-----|
| Fine Sand | 0 | 25 |
| Clay | 25 | 45 |
| Fine Sand | 45 | 55 |
| Fine Sand/clay | 55 | 65 |
| Clay | 65 | 75 |
| Fine Sand | 75 | 85 |
| Med. Sand | 85 | 95 |
| Med. Sand/clay | 95 | 105 |
| Med. Sand | 105 | 145 |

RECEIVED
FEB 27 2003
BY: OLW/rj

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

| | | |
|----------------|-----------------------|-----------------------------|
| Well Depth | Casing Diameter (In.) | Casing Length (Ft.) |
| 145 | 16 | 85 |
| Type of Casing | Hole Depth | Depth to Static Water Level |
| steel | 145 | 26ft. |

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 |
| 16 | 60 | .060 |
| Screen Type | Depth to Bottom - Feet | |
| steel | 145 | |

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.

Date

This information was taken from a copy of the log that was faxed to Ann at Office of Land & Water 2-21-03. Additional Information Required On Back
David W.

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 4

Please indicate well location X.

| Pump Capacity (GPM) | No. of Stages | Setting Depth |
|---------------------|---------------|---------------|
| 1500 | 2 | 70 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

Replaced bad well.

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