

WGB #2

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 <u>Sharkey</u>	
WELL NUMBER <u>B-76</u>	CODED
DATE WELL COMPLETED <u>4-16-03</u>	

PERMIT NUMBER <u>332</u>
NAME OF DRILLING FIRM <u>Chicot Irrigation</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>WGB FARMS</u> <u>C/O BILL BOYKIN</u> <u>PO Box 118 <del>MISSISSIPPI</del> DELTA CITY</u>			
Latitude: <u>33-04-24</u> MS. <u>39061</u>			
Longitude: <u>090-42-05</u> OK			
WELL LOCATION	SEC	TOWNSHIP	RANGE
<u>NW 1/4</u>	<u>10</u>	<u>24</u>	<u>14</u>
DISTANCE DIRECTION NEAREST TOWN <u>3.9</u> Miles <u>North</u> of <u>Delta City</u>			
OTHER LANDMARK <u>Sunflower River</u>			
WELL PURPOSE: Home <u>Irrigation</u> Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> , Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) <u>H/P 30</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>10</u>
<u>Gray Clay</u>	<u>10</u>	<u>28</u>
<u>Blue mud</u>	<u>28</u>	<u>95</u>
<u>Coarse Sand</u>	<u>95</u>	<u>120</u>
<u>Gravel</u>	<u>120</u>	<u>123</u>
<b>RECEIVED</b>		
<u>APR 25 2003</u>		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>120</u>	Casing Diameter (In.) <u>10</u>	Casing Length (Ft.) <u>95</u>
Type of Casing <u>PC</u>	Hole Depth <u>123</u>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe)		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one): Cement, <u>Bentonite</u> or Mix		

SCREEN DATA		
Diameter - Inches <u>10</u>	Length - Feet <u>25</u>	Slot Size - Inches <u>051</u>
Screen Type <u>PC</u>	Depth to Bottom - Feet <u>120</u>	

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.

James McDonald  
Signature of Licensed Driller and License No.

4/23/03  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

10" casing  
 95'  
 25' 10" screen  
 120


SECTION 29

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

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