

WGB 1

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  
Sharkey

WELL NUMBER B-77 CODED

DATE WELL COMPLETED  
4-17-03

PERMIT NUMBER  
332

NAME OF DRILLING FIRM  
Chicot Irrigation

NAME & MAILING ADDRESS OF LANDOWNER  
WGB Farms  
40 Bill Boykin  
PO Box 118 DELTA CITY, MS. 39061

Latitude: 33 04 26  
Longitude: 090 42 36

WELL LOCATION. SEC TOWNSHIP RANGE  
NW/SW 29 10 14 N 5 E

DISTANCE DIRECTION NEAREST TOWN  
4.5 Miles NE of Delta City

OTHER LANDMARK  
Sunflower River

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 30

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>Fine Sand</u>	<u>28</u>	<u>80</u>
<u>Coarse Sand</u>	<u>80</u>	<u>85</u>
<u>Fine Sand</u>	<u>85</u>	<u>90</u>
<u>Coarse Sand</u>	<u>90</u>	<u>110</u>
<u>gravel</u>	<u>110</u>	<u>113</u>

RECEIVED  
APR 25 2003  
BY: OLWR  
Top of Lap Pipe or Reduction in Casing

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

WELL DATA

Well Depth <u>110</u>	Casing Diameter (In.) <u>10</u>	Casing Length (Ft.) <u>85</u>
Type of Casing <u>Pvc</u>	Hole Depth <u>113</u>	Depth to Static Water Level

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, Mix

SCREEN DATA

Diameter - Inches <u>10</u>	Length - Feet <u>30 25</u>	Slot Size - Inches <u>051</u>
Screen Type <u>Pvc</u>	Depth to Bottom - Feet <u>110</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.

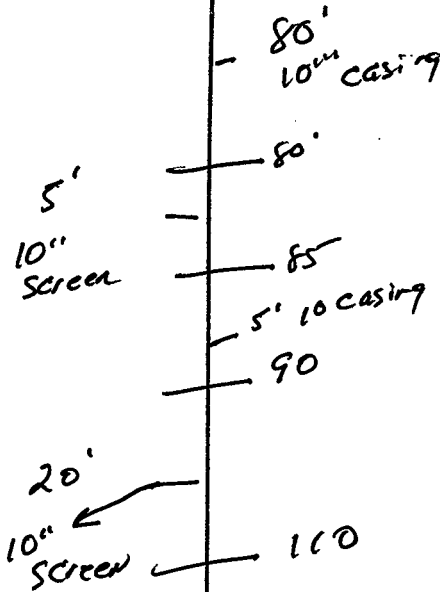
James McDonald  
Signature of Licensed Driller and License No.

4/23/03  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



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

	X		

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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