

COUNTY WELL LOCATED
Sunflower

WELL NUMBER CODED
D-100

DATE WELL COMPLETED
7/18/03

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources

PERMIT NUMBER
MSGW-39290

NAME OF DRILLING FIRM
**Applied for
McClains Pump
Service**

Office of Land and Water Resources
P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
Jim Reed

4720 Hwy 49 Drew MS

Latitude: **38737**
Longitude:

WELL LOCATION: SEC **5** TOWNSHIP **23 N** RANGE **3 E**

DISTANCE _____ MILES _____ of _____ NEAREST TOWN

OTHER LANDMARK _____

WELL PURPOSE: Home, 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
Top Soil	Top	15
Fine sand + clay	15	45
gravel	45	58
Coarse Sand + gravel	58	106

WELL DATA

Well Depth **106** Casing Diameter (In.) **16** Casing Length (Ft.) **106**

Type of Casing **PVC** Hole Depth **106** Depth to Static Water Level **37 ft**

TYPE OF COMPLETION: (Circle One or More):
 Gravel Packed, Underreamed, Telescoped,
 Natural Development, Open Hole, Other

WELL GROUTED TO A DEPTH OF 10 FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches **16** Length - Feet **40** Slot Size - Inches **.30 + .50**

Screen Type **PVC** Depth to Bottom - Feet **106**

Top of Lap Pipe or Reduction in Casing _____ FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

RECEIVED
JUL 18 2003
BY: OLWR

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.

Charles D. McClain 0-491
Signature of Licensed Driller and License No.

7/18/03
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) 2000	No. of Stages 1	Setting Depth 80 FT.
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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.