

COUNTY WELL LOCATED
Sunflower

WELL NUMBER
D-102

DATE WELL COMPLETED
10/25/03

OK
Pat
810A

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P.O. Box 10631
Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

PERMIT NUMBER
MS-GW-39412

NAME OF DRILLING FIRM
Layne-Central, a division of Layne

Christensen Company

NAME & MAILING ADDRESS OF LANDOWNER
Goldfield Plantation
4720 Highway 49
Drew, MS 38737

Latitude: **N33° 52' 35.9"**
Longitude: **W090° 31' 13.7"**

WELL LOCATION	SEC	TOWNSHIP	RANGE
	08	23	3
		<input checked="" type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input checked="" type="checkbox"/> W

DISTANCE **4** Miles DIRECTION **N/NW** of NEAREST TOWN **Drew**

OTHER LANDMARK

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

PUMP DATA

PUMP TYPE (Check One): Installed Customer's Pump
 Submersible Turbine Jet Flowing Well
 Other (Describe)

POWER TYPE (Check One):
 Electric Tractor Diesel Gasoline Butane
 Other (Describe) H/P **60**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	22
Clay, Fine Sand	22	32
Fine Sand	32	42
Borderline Sand, Coarse Sand	42	52
Coarse Sand, Gravel	52	62
Coarse Sand, Pea Gravel, Clay	62	72
Borderline Sand	72	82
Borderline Sand, Coarse Sand	82	92
Coarse Sand, Gravel	92	119

WELL DATA

Well Depth 118 ft.	Casing Diameter (in) 16"	Casing Length (Ft.) 68 ft.
Type of Casing PVC	Hose Depth 119 ft.	Depth to Static Water Level 39 ft.

TYPE OF COMPLETION (Check One or More)
 Gravel Packed Underreamed Telescoped
 Natural Development Open Hole Other
 (Describe)

WELL GROUTED TO A DEPTH OF **10** FEET
 Type of Grout (Check One) Cement Bentonite or Mix

SCREEN DATA

Diameter - inches 16"	Length - feet 50 ft.	Slot Size - inches .050
Screen Type PVC	Depth to Bottom - Feet 118 ft.	

Top of Lap Pipe or Reduction in Casing
FEET IF TELESKOPED OR MORE THAN ONE SCREEN, USE BACK PAGE

RECEIVED
JAN 22 2004
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.

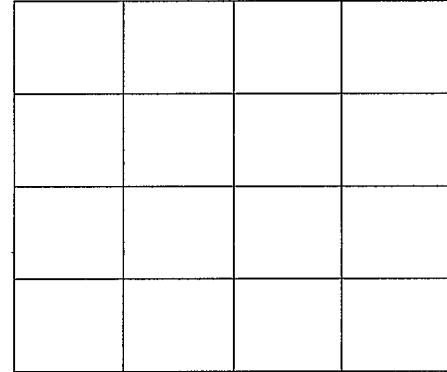
[Signature] **0-64**
Signature of Licensed Driller and License No.

[Date]
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) 2500	No. of Stages 1	Setting Depth 70 FT.
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PUMP TEST

Well yielded NOT TESTED GPM with
a drawdown of _____ ft.
after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Check One): No Log Run
 Electric, Gamma Ray, Density, Sonic, Neutron,
 Other (Describe) _____

Name of Organization Running Log
N/A

GEOLOGICAL DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs SWL	Date	Analysis	Aquifer Test

Driller's Remarks
Layne File No. 22-9174

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