

Part 2 never received
4/13

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 | |
| Sunflower | |
| WELL NUMBER | CODED |
| J-100 | |
| WELL ONLY | |
| DATE WELL COMPLETED | |
| 3/18/04 | |

| |
|---|
| PERMIT NUMBER |
| GW39872 |
| NAME OF DRILLING FIRM |
| Layne-Central, a division of Layne |
| Christensen Company |


| | | | |
|--|-------------|----------------|--|
| NAME & MAILING ADDRESS OF LANDOWNER | | | |
| Roland McClure 3613 Jefferson Davis Drive Monroe, LA 71201 | | | |
| Latitude: N33° 36' 57.2" Longitude: W090° 43' 07.8" | | | |
| WELL LOCATION | SEC | TOWNSHIP | RANGE |
| NW/NE | 4 | 20 | <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W |
| DISTANCE | DIRECTION | NEAREST TOWN | |
| 2.7 Miles | East | of Shaw | |
| OTHER LANDMARK | | | |
| WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. | | | |
| Irrigation | | | |

| | | |
|---|--|---|
| PUMP DATA (PUMP INSTALLED BY OTHERS) | | |
| PUMP TYPE (Check One): | | |
| <input type="checkbox"/> Submersible | <input type="checkbox"/> Turbine | <input type="checkbox"/> Jet <input type="checkbox"/> Flowing Well |
| <input type="checkbox"/> Other (Describe) _____ | | |
| POWER TYPE (Check One): | | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Tractor | <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Butane |
| <input type="checkbox"/> Other (Describe) _____ H/P _____ | | |
| DESCRIPTION OF FORMATIONS ENCOUNTERED | FROM | TO |
| Top Soil | 0 | 10 |
| Clay | 10 | 23 |
| Sandy Clay | 23 | 33 |
| Borderline Sand | 33 | 43 |
| Sandy Clay | 43 | 53 |
| Coarse Sand - Clay | 53 | 63 |
| Coarse Sand | 63 | 83 |
| Coarse Sand - Pea Gravel | 83 | 133 |
| RECEIVED | | |
| APR 08 2004 | | |
| 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 | Casing Diameter (in) | Casing Length (Ft.) |
| 132' | 16" | 82' |
| Type of Casing | Hose Depth | Depth to Static Water Level |
| PVC | 133' | 34' |
| TYPE OF COMPLETION (Check One or More) | | |
| <input checked="" type="checkbox"/> Gravel Packed | <input type="checkbox"/> Underreamed | <input type="checkbox"/> Telescoped |
| <input type="checkbox"/> Natural Development | <input type="checkbox"/> Open Hole | <input type="checkbox"/> Other |
| (Describe) _____ | | |
| WELL GROUTED TO A DEPTH OF 10 FEET | | |
| Type of Grout (Check One) <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite or <input type="checkbox"/> Mix | | |

| | | |
|--------------------|------------------------|--------------------|
| SCREEN DATA | | |
| Diameter - inches | Length - feet | Slot Size - inches |
| 16" | 50' | .050 |
| Screen Type | Depth to Bottom - Feet | |
| PVC | 132' | |

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.

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

4/5/04
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) n/a | No. of Stages n/a | Setting Depth n/a FT. |
|-----------------------------------|-----------------------------|---------------------------------|

PUMP TEST

Well yielded PUMP INSTALLED BY OTHERS 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. 22-9244

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