

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Sunflower

WELL NUMBER
K-14

CODED

PERMIT NUMBER

NAME OF DRILLING FIRM
Irrigation Equipment Inc.

Indianola, MS

DATE WELL COMPLETED
6-18-01

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
Pitts Farms
501 Catchings
Indianola, MS 38751

Latitude:
Longitude:

WELL LOCATION: SEC TOWNSHIP RANGE
NE/NW 25 20N S 4W E W

DISTANCE DIRECTION NEAREST TOWN
Miles West Sunflower

OTHER LANDMARK

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

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 200**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Brown Sand	0	35
Fine Sand	35	55
Med. Sand	55	65
Coarse Sand/gravel	65	75
Med. Sand/gravel	75	85
Fine Sand/Coarse	85	100
Rocks	100	117
Screen 65-85		
Blank 85-100		
Screen 100-117		

WELL DATA

Well Depth Casing Diameter (In.) Casing Length (Ft.)
117 16 82

Type of Casing Hole Depth Depth to Static Water Level
pvc 117 44ft.

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

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

SCREEN DATA

Diameter - Inches Length - Feet Slot Size - Inches
16 35 .050

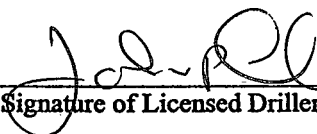
Screen Type Depth to Bottom - Feet
pvc

Top of Lap Pipe or Reduction in Casing

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

REC'D DEC 13 2001

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.

 0-439 12-10-01

Signature of Licensed Driller and License No. Date

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION 25

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
	2	70 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

Replacement Well.

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