

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL
QUALITY**

Office of Land and Water Resources

COUNTY WELL LOCATED
Sunflower

WELL NUMBER **K-100** CODED

DATE WELL COMPLETED
5-31-02

PERMIT NUMBER
MS-GW-48031

NAME OF DRILLING FIRM
Irrigation Equipment Inc.

Indianola, MS

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

NAME & MAILING ADDRESS OF LANDOWNER
Outback Land Co.

25 Charlie Ellis Rd.
Indianola, MS 38751

Latitude:
Longitude:

WELL LOCATION: SEC TOWNSHIP RANGE
nw/se 19 20N N 4W E W

DISTANCE DIRECTION NEAREST TOWN
Miles **North of Indianola**

OTHER LANDMARK

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

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 **40**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	25
Fine Sand	25	35
Fine Sand/gravel	35	50
Med. Sand/gravel	50	105
Fine Sand	105	115

WELL DATA

Well Depth 115	Casing Diameter (In.) 16	Casing Length (Ft.) 75
Type of Casing pvc	Hole Depth 115	Depth to Static Water Level 32ft.

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 16	Length - Feet 40	Slot Size - Inches .050
Screen Type pvc	Depth to Bottom - Feet 105	

RECEIVED

AUG 26 2002

BY: OLWR

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

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.

John P. [Signature]
Signature of Licensed Driller and License No.

0439

8-22-02

Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 19

Please indicate well location X.

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