

33-37-02 90-31-10

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED  
**Sunflower**  
 WELL NUMBER **L-159** CODED  
 DATE WELL COMPLETED  
**7-26-02**

PERMIT NUMBER  
 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  
**Dyche Plantation**  
**397 Blaine Road**  
**Sunflower, MS. 38778**

Latitude:  
 Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE  
**SW/NW 9 20N N S 3W E W**

DISTANCE DIRECTION NEAREST TOWN  
 Mites **North Blaine**

OTHER LANDMARK

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

PUMP DATA

PUMP TYPE (Circle One):  
 Submersible, **Turbing** Jet Flowing Well,  
 Other (Describe)

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	18
Fine Sand	18	50
Fine Sand/gravel	50	55
Med. Sand/gravel	55	85
Fine Sand	85	92
Med. Sand/gravel	92	115
Screen	115-95	
Screen	85-65	

RECEIVED  
 SEP 23 2002  
 BY: OLWR

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

WELL DATA

Well Depth <b>115</b>	Casing Diameter (In.) <b>16</b>	Casing Length (Ft.) <b>75</b>
Type of Casing <b>pvc</b>	Hole Depth <b>115</b>	Depth to Static Water Level <b>38ft.</b>

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 <b>16</b>	Length - Feet <b>40</b>	Slot Size - Inches <b>.050</b>
Screen Type <b>pvc</b>	Depth to Bottom - Feet <b>115</b>	

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 of Licensed Driller and License No.

0439 9-19-02  
 Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 9

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
2500	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

Replaced bad well.

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