

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
Φ	
DATE WELL COMPLETED 8-23-95	

PERMIT NUMBER
NAME OF DRILLING FIRM Irrigation Equipment
Indianola, MS

NAME & MAILING ADDRESS OF LANDOWNER
Parker Catfish

Rt. 1, Box S-31

Sunflower, MS 38778

WELL LOCATION:	SEC	TOWNSHIP	RANGE
	8	19N S	3W W
DISTANCE	DIRECTION	NEAREST TOWN	
1 Miles	South	Sunflower	

OTHER LANDMARK

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

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 **25**

Pump Capacity (GPM)	No. of Stages	Setting Depth
1100	1	80 FT.

PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping

WELL DATA

Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
115	10	75
Type of Casing	Hole Depth	Depth to Static Water Level
PVC	115	40 ft.

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

LOG DATA

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

Name of Organization Running Log

SCREEN DATA

Diameter - Inches	Length - Feet	Slot Size - Inches
10	40	.032
Screen Type	Depth to Bottom - Feet	
PVC	115	

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks

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

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	24
Fine Sand	24	45
Fine Sand & Gravel	45	55
Med. Sand & Gravel	55	85
Fine Sand & Gravel	85	100
Med. Sand & Gravel	100	115

FORMATIONS (Continued) _____ FROM _____ TO _____

SLP 18 1095

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IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 8

Please indicate well location X.

ADDITIONAL INFORMATION

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