

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Sunflower

WELL NUMBER **P2024** CODED

DATE WELL COMPLETED
10-25-99

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
HOPESO FARMS

1200 Montgomery Drive

INVERNESS, MS 38753

WELL LOCATION: SEC TOWNSHIP RANGE
NW/NE 26 18 N 5 E

DISTANCE DIRECTION NEAREST TOWN
6 Miles NW of INVERNESS

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 15**

Pump Capacity (GPM) No. of Stages Setting Depth
750 1 70 FT.

PUMP TEST

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

WELL DATA

| | | |
|------------------------------|------------------------------------|--|
| Well Depth 114 | Casing Diameter (In.) 10 | Casing Length (Ft.) 74 |
| Type of Casing PVC | Hole Depth 114 | Depth to Static Water Level 32 ft. |

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

LOG DATA

TYPE OF LOG RUN (Circle One):
Electric, Gamma-Ray, Density, Sonic, Neutron,
Other (Describe)

Name of Organization Running Log

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

GEOLOGIC DATA (Office Use Only)

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

SCREEN DATA

| | | |
|--------------------------------|--------------------------------------|-----------------------------------|
| Diameter - Inches 10 | Length - Feet 40 | Slot Size - Inches .050 |
| Screen Type PVC | Depth to Bottom - Feet 114 | |

Driller's Remarks

RECEIVED

| DESCRIPTION OF FORMATIONS ENCOUNTERED | DATE | | FORMATIONS Encountered | FROM | TO |
|---------------------------------------|------------|------------|------------------------|------|----|
| | 10-16-1999 | 1999 | | | |
| CLAY | 0 | 18 | | | |
| FINE SAND | 18 | 41 | | | |
| FINE SAND + Gravel | 41 | 60 | | | |
| med. SAND + Gravel | 60 | 114 | | | |
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Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please sketch and show depths.

GROUND LEVEL

| | | | |
|--|--|---|--|
| | | X | |
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| | | | |

SECTION 26

Please indicate well location X.

ADDITIONAL INFORMATION

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