

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

COUNTY WELL LOCATED  
**Sunflower**

WELL NUMBER **9-93** CODED

DATE WELL COMPLETED  
**6-21-04**

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  
**Holly Grove Plantation**  
**1910 Barnwell**  
**Yazoo City, MS 39194**

Latitude:  
Longitude:

WELL LOCATION: SEC **25** TOWNSHIP **17N** RANGE **5W**

DISTANCE **7** Miles DIRECTION **SW** NEAREST TOWN **Inverness**

OTHER LANDMARK  
**Pipeline**

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

**WELL DATA**

Well Depth <b>137</b>	Casing Diameter (In.) <b>16</b>	Casing Length (Ft.) <b>97</b>
Type of Casing <b>pvc</b>	Hole Depth <b>137</b>	Depth to Static Water Level <b>24ft.</b>

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

WELL GROUTED TO A DEPTH OF **10** 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	

**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
Clay	0	15
Fine Sand	16	40
Med. sand	41	45
Fine Sand	46	55
Med. Sand	56	65
Med. Sand/gravel	66	75
Coarse Sand/gravel	76	87
Fine Sand	88	97
Med. Sand/gravel	98	111
Fine Sand	112	117
Coarse Sand/gravel	118	137

Screen 118-137  
Screen 68-87

**RECEIVED**

**JUL 19 2004**

**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.

Patrick M. Chason 0695  
Signature of Licensed Driller and License No.

7-13-04  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 25

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
	3	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

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