

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Sunflower

WELL NUMBER _____ CODED _____

T-112

DATE WELL COMPLETED
4-14-04

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
Kansas Planting Co.
65 Holly Ridge Road
Indianola, MS 38751

Latitude: _____
Longitude: _____

WELL LOCATION: SEC _____ TOWNSHIP _____ RANGE _____

NW 1/4 **6** **17N** **4W** **E** **W**

DISTANCE _____ MILES DIRECTION _____ NEAREST TOWN _____

West of **Inverness**

OTHER LANDMARK _____

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

WELL DATA

Well Depth **134** Casing Diameter (In.) **16** Casing Length (Ft.) **94**

Type of Casing **pvc** Hole Depth **134** Depth to Static Water Level **29ft.**

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 **16** Length - Feet **40** Slot Size - Inches **.050**

Screen Type **pvc** 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 **60**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	21
Fine sand	22	42
Fine Sand/gravel	43	58
Med. Sand/gravel	59	111
Fine Sand/gravel	112	114
Med. Sand/gravel	115	134

Screen 92-111
Screen 115-134

RECEIVED

APR 21 2004

BY: OLIVER

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.

 **0439**
Signature of Licensed Driller and License No.

4-19-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

		X	

SECTION 6

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
2200	2	60 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

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