

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

COUNTY	STATED
TULACA	
WELL NUMBER	CODED
A-317	
WELL-1	
DATE WELL COMPLETED	
8/21/93	

PERMIT NUMBER
MS-GW-14695
NAME OF DRILLING FIRM
Layne-Central

NAME & MAILING ADDRESS OF OWNER			
Shea Leatherman			
Sam's Town Casino			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	18	35 N	11W E
DISTANCE	DIRECTION	NEAREST TOWN	
Miles	of		
OTHER LANDMARK			
Sam's Town Casino			
WELL PURPOSE (Home, Irrigation, Municipal, Industrial, Fish Pond, etc.)			
Indus. Min.			

PUMP DATA		
PUMP TYPE (Circle One)	Jet	Flowing Well
Submersible, Turbine		
Other (Describe)		
POWER-TYPE (Circle One):		
Electric, Tractor, Diesel, Gasoline, Butane		
Other (Describe)	H/P	50
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	18
Sand	18	35
Coarse Sand Hard	35	112
Fine Sand	112	118

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
112'	16"	72'
Type of Casing	Hole Depth	Depth to Static Water Level
Steel	118'	27'
TYPE-OF-COMPLETION: (Circle One or More):		
Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other		
WELL GROUTED TO A DEPTH OF FEET		
Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
16"	140'	.050"
Screen Type	Depth to Bottom Feet	Top of Tap Pipe or Reduction in Casing
Doerr	112'	112'

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.

REMOVE ORIGINALS

Signature of Licensed Driller and License No. _____

Date 5/16/93

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
2200	1	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.