

# 2

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  
**Washington**

WELL NUMBER  
**A-1107**

CODED

DATE WELL COMPLETED  
**6-27-03**

PERMIT NUMBER

NAME OF DRILLING FIRM  
**Chicot Irrigation**

NAME & MAILING ADDRESS OF LANDOWNER  
**DELTA CONSERVATION DEMO CENTER**  
**3038 EAST REED RD.**  
**GREENVILLE, MS. 38703**

Latitude: **32° 33' 29.28" N 78° 00' 55" W**

Longitude: **090° 59' 58.09" W 089° 49'**

WELL LOCATION SEC TOWNSHIP RANGE  
**SW / NE 24 19 S 8 E**

DISTANCE DIRECTION NEAREST TOWN  
**1/4 Miles EAST of Greenville**

OTHER LANDMARK  
**Air Port - Air Strip Fence**

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

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 \_\_\_\_\_

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	10
Red Clay	10	40
Fine Sand	40	55
Coarse Sand	55	60
Fine Sand	60	83
Coarse Sand	83	93
Gray Clay	93	

RECEIVED

JUL 09 2003

BY: OLWIR

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

WELL DATA

Well Depth: **93** Casing Diameter (In.): **12** Casing Length (Ft.): **78**

Type of Casing: **PVC** Hole Depth: **93** Depth to Static Water Level: \_\_\_\_\_

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: **12** Length - Feet: **15** Slot Size - Inches: **0.5**

Screen Type: **PVC** Depth to Bottom - Feet: **93**

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.

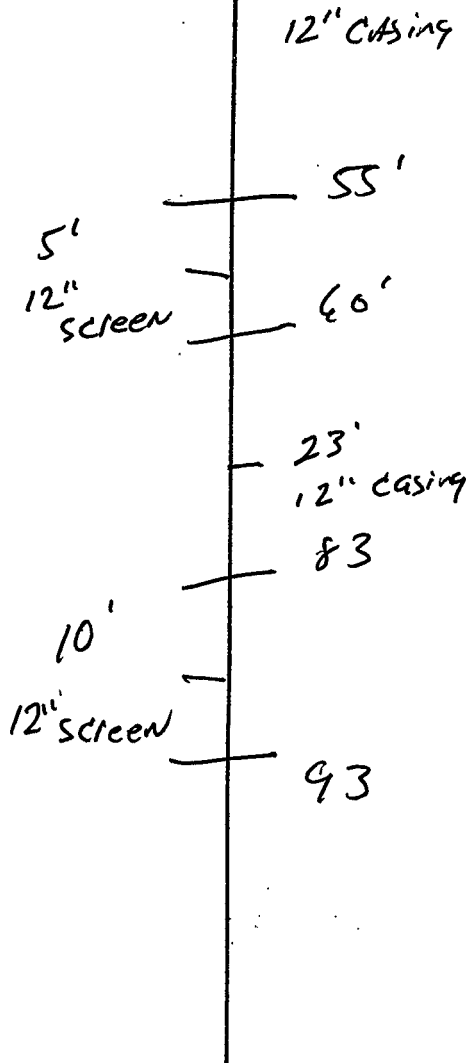
**James McDonald**  
Signature of Licensed Driller and License No.

**7/6/03**  
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



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

		X	
22	23	24	

SECTION 24

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
1500	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

---



---



---



---



---