

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 E-162 CODED

DATE WELL COMPLETED
02-14-02

PERMIT NUMBER
GW39021

NAME OF DRILLING FIRM
Chicot Irrigation

NAME & MAILING ADDRESS OF LANDOWNER
USDA - Stoneville
Po Box 60025
NEW ORLEANS

Latitude: 33 25 31 19
Longitude: 090 53 70 42

WELL LOCATION. SEC 11 TOWNSHIP 18 RANGE 7 E W

DISTANCE 2 Miles DIRECTION North of NEAREST TOWN Leland

OTHER LANDMARK
Stoneville Test Plot

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 00

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>10</u>
<u>Gray Clay</u>	<u>10</u>	<u>38</u>
<u>Fine sand</u>	<u>38</u>	<u>60</u>
<u>Blue clay</u>	<u>60</u>	<u>65</u>
<u>Med. Coarse Sand</u>	<u>65</u>	<u>110</u>
<u>Gray Clay</u>	<u>110</u>	<u>115</u>

RECEIVED

JUN 10 2002

Dept of Environmental Quality
Office of Land & Water Resources

Top of Lap Pipe or Reduction in Casing

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

WELL DATA

Well Depth <u>110</u>	Casing Diameter (In.) <u>16</u>	Casing Length (Ft.) <u>65</u>
Type of Casing <u>PVC</u>	Hole Depth <u>113</u>	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 _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>16</u>	Length - Feet <u>45</u>	Slot Size - Inches <u>051</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>110</u>	

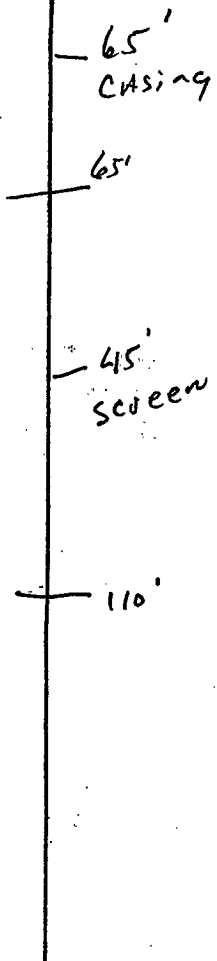
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James O. McDonald 6/4/02
Signature of Licensed Driller and License No. Date
#0332

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.

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	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

Good Formation from

65 - 110 -

will make E.L. Well