

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Washington

WELL NUMBER **A 2039** CODED

DATE WELL COMPLETED
4-10-97

PERMIT NUMBER

NAME OF DRILLING FIRM
Irrigation Equipment

Indianola, MS

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
A & M Partnership

Rt.1, Box T-51

Leland, MS 38756

WELL LOCATION: SEC **7** TOWNSHIP **16N** RANGE **5W**

DISTANCE **4** MILES **SE** DIRECTION **Trail Lake** NEAREST TOWN

OTHER LANDMARK

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

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**

Pump Capacity (GPM) 3000	No. of Stages 1	Setting Depth 60 FT.
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PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping

WELL DATA

Well Depth 117	Casing Diameter (In.) 16	Casing Length (Ft.) 77
Type of Casing PVC	Hole Depth 117	Depth to Static Water Level 26 ft.

LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe)

Name of Organization Running Log

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

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

SCREEN DATA

Diameter - Inches 16	Length - Feet 40	Slot Size - Inches .050
Screen Type PVC	Depth to Bottom - Feet 117	

Driller's Remarks

Top of Lap Pipe or Reduction in Casing

IF TELESKOPED OR MORE THAN ONE SCREEN USE BACK PAGE

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	21
Fine Sand	21	50
Fine Sand & Gravel	50	69
Med. Sand & Gravel	69	97
Fine Sand	97	101
Med. Sand & Gravel	101	117

FORMATIONS ENCOUNTERED FROM _____ TO _____

MAY 01 1997

Dept. of Environmental Quality
Office of Land & Water Resources

IF MORE SPACE IS NEEDED, USE BACK

If well telescopes please
sketch and show depths.

GROUND LEVEL

		X	

SECTION 7

Please indicate well location X.

ADDITIONAL INFORMATION

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