

Leo Williams

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 0-84 CODED

DATE WELL COMPLETED
5-6-02

PERMIT NUMBER

NAME OF DRILLING FIRM
Chicot Irrigation

NAME & MAILING ADDRESS OF LANDOWNER
LAKELAND PLANTING CO.
96 LEO WILLIAMS RD.
HOLLADALE, MS. 38748

Latitude: 33 07 41 55
Longitude: 090 56 11 07

WELL LOCATION. SEC TOWNSHIP RANGE ✓
NE/SE 33 33 20 15 (N) 7 (W)

DISTANCE DIRECTION NEAREST TOWN
12 Miles EAST of AVON

OTHER LANDMARK
ON 12

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

WELL DATA

Well Depth <u>100</u>	Casing Diameter (In.) <u>16</u>	Casing Length (Ft.) <u>60</u>
Type of Casing <u>PVC</u>	Hole Depth <u>103</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>40</u>	Slot Size - Inches <u>051</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>100</u>	

PUMP DATA

PUMP TYPE (Circle One):
Submersible, Turbine Jet Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoling, Butane,
Other (Describe) H/P 600

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>10</u>
<u>Blue Clay</u>	<u>10</u>	<u>40</u>
<u>Fine Sand</u>	<u>40</u>	<u>60</u>
<u>Med. Coarse Sand</u>	<u>60</u>	<u>100</u>
<u>Gray Clay</u>	<u>100</u>	<u>103</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

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 D. McDonald
Signature of Licensed Driller and License No.
#0332

6/4/02
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

60' 16"
Casing

40'
16"
Screen

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

		33	

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
