

Lakeland

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
D-91

CODED

DATE WELL COMPLETED
4/16-03

PERMIT NUMBER
332

NAME OF DRILLING FIRM
Chicot Irrigation

NAME & MAILING ADDRESS OF LANDOWNER
Lakeland Planting Co
96 Leo Williams Rd.
HOLLANDALE MS. 38748

Latitude: 33 06 38 23
Longitude: 090 56 16 10

WELL LOCATION. SEC TOWNSHIP RANGE
SE/NE 32³² 15 N 7 E

DISTANCE DIRECTION NEAREST TOWN
6 Miles West of Hollandale

OTHER LANDMARK
436 - Wood Sawmill Rd.

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 600

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>10</u>
<u>Gray Clay</u>	<u>10</u>	<u>28</u>
	28	35
<u>Fine Sand</u>	<u>29</u>	<u>85</u>
	<u>85</u>	<u>128</u>
<u>Med. Coarse Sand</u>	<u>85</u>	<u>128</u>
<u>Gray Clay</u>	<u>125</u>	<u>128</u>

RECEIVED
APR 24 2003
BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

WELL DATA

Well Depth <u>125</u>	Casing Diameter (In.) <u>16</u>	Casing Length (Ft.) <u>85</u>
Type of Casing <u>PVC</u>	Hole Depth <u>126</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 10 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>125</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.

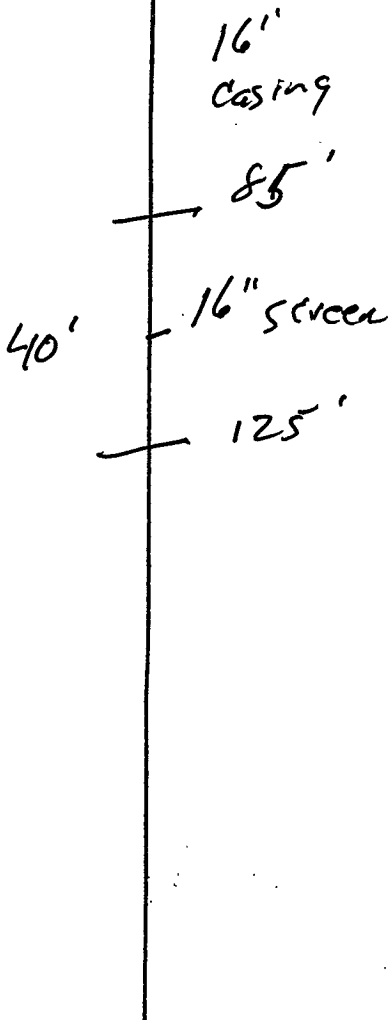
James McDonald
Signature of Licensed Driller and License No.

4/22/03
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.

32 _x	33	34	35

SECTION 32

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
