

WELL ONLY INFO MAILED TO DEQ 4/16/04

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
Yazoo

WELL NUMBER **1** CODED

A-69

DATE WELL COMPLETED
4/8/04

PERMIT NUMBER

NAME OF DRILLING FIRM
Layne-Central, a division of Layne

Christensen Company

NAME & MAILING ADDRESS OF LANDOWNER
Eden Fisheries
3060 Money Sunk Road
Yazoo City, MS 39194

Latitude:
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
	14	13	2

DISTANCE **3** Miles DIRECTION **North** of NEAREST TOWN **Eden, MS**

OTHER LANDMARK

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

WELL DATA

Well Depth 103 ft.	Casing Diameter (in) 16"	Casing Length (Ft.) 63 ft.
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Type of Casing PVC	Hose Depth 106 ft.	Depth to Static Water Level 12 ft.
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TYPE OF COMPLETION (Check One or More)

Gravel Packed Underreamed Telescoped
 Natural Development Open Hole Other

(Describe) _____

WELL GROUTED TO A DEPTH OF **10** FEET
Type of Grout (Check One) Cement Bentonite or Mix

SCREEN DATA

Diameter - inches 16"	Length - feet 40 ft.	Slot Size - inches .050
Screen Type PVC	Depth to Bottom - Feet 103 ft.	

PUMP DATA

PUMP TYPE (Check One): Installed Customer's Pump
 Submersible Turbine Jet Flowing Well
 Other (Describe) _____

POWER TYPE (Check One):
 Electric Tractor Diesel Gasoline Butane
 Other (Describe) _____ H/P _____

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top Soil	0	12
Clay	12	23
Coarse Sand	23	43
Coarse Sand, Borderline Sand	43	53
Borderline Sand	53	63
Coarse Sand	63	93
Coarse Sand, Gravel	93	103
Clay	103	106

Top of Lap Pipe or Reduction in Casing
FEET IF TELESCOPED OR MORE THAN ONE SCREEN, USE BACK PAGE

RECEIVED
MAY 12 2004
BY: OLWR

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.

Dave Cook 0-692 0-64 5-10-04
Signature of Licensed Driller and License No. Date

Additional Information Required on Back

If well telescopes, please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) **2000** _____ **50** FT.

PUMP TEST

Well yielded NOT TESTED GPM with a drawdown of _____ ft. after _____ hours of pumping

LOG DATA

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

Name of Organization Running Log

N/A

GEOLOGICAL DATA (Office Use Only)

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

Driller's Remarks
Layne File No. 22-9255

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