

**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 <b>DESOTO</b>		PERMIT NUMBER
WELL NUMBER <b>381</b>	CODED	NAME OF DRILLING FIRM <b>SMITH WELL</b>
DATE WELL COMPLETED <b>9-23-02</b>		<b>DRUMMOND &amp; SONS</b>

NAME & MAILING ADDRESS OF LANDOWNER  
**HAWKS INVESTMENTS**  
**HERNANDO, MS. 38632**

Latitude:  
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<b>N-9</b>	<b>T-3</b>	<b>R-8 E</b>

DISTANCE **3** Miles **W** of **HERNANDO**

OTHER LANDMARK

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

**WELL DATA**

Well Depth <b>108</b>	Casing Diameter (In.) <b>4"</b>	Casing Length (Ft.) <b>98</b>
Type of Casing <b>PVC</b>	Hole Depth <b>108</b>	Depth to Static Water Level <b>62</b>

TYPE OF COMPLETION: (Circle One or More):  
Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other  
(Describe) **WASHED SAND**

WELL GROUTED TO A DEPTH OF **10** FEET  
Type Grout (circle one): **Cement**, Bentonite, or Mix

**SCREEN DATA**

Diameter - Inches <b>4"</b>	Length - Feet <b>10</b>	Slot Size - Inches <b>1476015</b>
Screen Type <b>PVC</b>	Depth to Bottom - Feet <b>108</b>	

**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 34**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<b>TOP SOIL</b>	<b>0</b>	<b>10</b>
<b>BROWN CLAY</b>	<b>10</b>	<b>30</b>
<b>WHITE CLAY</b>	<b>30</b>	<b>60</b>
<b>RED SAND &amp; GRAVEL</b>	<b>60</b>	<b>90</b>
<b>WHITE SAND</b>	<b>90</b>	<b>108</b>

**RECEIVED**  
**OCT 24 2002**  
**BY: OLWR**

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.

**[Signature]** **0-695**  
Signature of Licensed Driller and License No.

**9-24-02**  
Date

Additional Information Required On Back