

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 <u>DESOTO</u>		PERMIT NUMBER
WELL NUMBER <u>368</u>	CODED	NAME OF DRILLING FIRM <u>SMITH WELL</u>
DATE WELL COMPLETED <u>8-2-02</u>		<u>DRILLING SERVICE</u>

NAME & MAILING ADDRESS OF LANDOWNER
BRYAN THOMAS BERRY
HOVEY LODGE HENNAPO

Latitude:
Longitude:

WELL LOCATION	SEC	TOWNSHIP	RANGE
	<u>P-35</u>	<u>T-3 N</u>	<u>R-6 E</u>

DISTANCE	DIRECTION	NEAREST TOWN
<u>0.2</u> Miles	<u>S</u>	<u>COCKEVILLE</u>

OTHER LANDMARK

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

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible Turbine Jet Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric Tractor Diesel Gasoline Butane, Other (Describe) <u>H/P 12</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>TOP SOIL</u>	<u>0</u>	<u>10</u>
<u>RED SAND + GRAVEL</u>	<u>10</u>	<u>60</u>
<u>WHITE CLAY</u>	<u>60</u>	<u>100</u>
<u>WHITE CLAY + SAND</u>	<u>100</u>	<u>130</u>
<u>WHITE SAND</u>	<u>130</u>	<u>185</u>

RECEIVED
SEP-20-2002
BY: OLWR

Top of Lap Pipe or Reduction in Casing

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

Well Depth <u>185</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>175</u>
Type of Casing <u>PVC</u>	Hole Depth <u>185</u>	Depth to Static Water Level <u>100</u>

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 0 FEET
Type Grout (circle one): Cement Bentonite, or Mix

SCREEN DATA

Diameter - Inches <u>4"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>14 MW5</u>
Screen Type <u>PVC</u>	Depth to Bottom Feet <u>185</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.

[Signature] 0645 8-3-02
Signature of Licensed Driller and License No. Date

Additional Information Required On Back