

**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  
*George*

WELL NUMBER  
*6477*

CODED

PERMIT NUMBER

NAME OF DRILLING FIRM  
*Truffel Well Service*

DATE WELL COMPLETED  
*5-20-04*

NAME & MAILING ADDRESS OF LANDOWNER  
*Ben Polk Rose*  
*124 Nena Rd*  
*Rosedale MS 39452*

Latitude:  
Longitude:

WELL LOCATION  
SECTION *2* TOWNSHIP *T3* RANGE *R5*

DISTANCE *1/2* Miles DIRECTION *S* of NEAREST TOWN *Agriculture*

OTHER LANDMARK  
*1 mile E Agriculture Cemetery*

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

**PUMP DATA**

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

POWER TYPE (Circle One):  
 Electric, Tractor, Diesel, Gasoline, Butane,  
Other (Describe) \_\_\_\_\_ H/P *1*

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>top sand</i>	<i>0</i>	<i>5</i>
<i>sand</i>	<i>5</i>	<i>18</i>
<i>clay</i>	<i>18</i>	<i>25</i>
<i>sand</i>	<i>25</i>	<i>50</i>
<i>sand clay</i>	<i>50</i>	<i>80</i>
<i>sand</i>	<i>80</i>	<i>110</i>

**WELL DATA**

Well Depth <i>110</i>	Casing Diameter (In.) <i>2</i>	Casing Length (Ft.) <i>100'</i>
Type of Casing <i>PVC 40</i>	Hole Depth <i>110</i>	Depth to Static Water Level <i>45</i>

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 <i>2"</i>	Length - Feet <i>10</i>	Slot Size - inches <i>1/8</i>
Screen Type <i>PVC 40 screen</i>	Depth to Bottom - Feet <i>110</i>	

Top of Lap Pipe or Reduction in Casing

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

**RECEIVED**

JUN 21 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.

*Michael R Truffel 0408*  
Signature of Licensed Driller and License No.

*6-14-04*  
Date

Additional Information Required On Back