

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 MONROE	
WELL NUMBER 4	CODED
D-41	
DATE WELL COMPLETED 12/17/02	

PERMIT NUMBER MSGW - 15878
NAME OF DRILLING FIRM HERNDON WELL & SUPPLY
SHANNON, MS 38868

NAME & MAILING ADDRESS OF LANDOWNER	
TOWN OF SMITHVILLE	
P. O. BOX 125	
SMITHVILLE, MS 38870	
Latitude:	
Longitude:	1 12S 17W
WELL LOCATION:	SEC TOWNSHIP RANGE
1	12S 17W
DISTANCE	DIRECTION NEAREST TOWN
6 Miles	EAST of SMITHVILLE
OTHER LANDMARK	
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.	
FIRE PROTECTION	

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) N/A		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) H/P		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
RED CLAY	0	4
SAND & GRAVEL	10	22
WHITE CHALK	22	24
YELLOW SAND	24	30
BLUE CLAY	30	35
WHITE SAND	35	55
YELLOW SAND	55	62
GRAVEL	62	65
ROCK		65
GRAVEL	65	112
GRAY CLAY	112	116
GRAVEL	116	136
HARD SHALE	136	137
RECEIVED		
FEB 10 2003		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
NO LAP FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
137	10	80
Type of Casing	Hole Depth	Depth to Static Water Level
STEEL	137	
TYPE OF COMPLETION: (Circle One or More): <input checked="" type="checkbox"/> Gravel Packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Natural Development, <input type="checkbox"/> Open Hole, <input type="checkbox"/> Other (Describe)		
WELL GROUTED TO A DEPTH OF 44 FEET Type Grout (circle one): <input checked="" type="checkbox"/> Cement, <input type="checkbox"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
10	80	.030
Screen Type	Depth to Bottom - Feet	
SS RIBBED	137	

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.

Ricky Herndon
Signature of Licensed Driller and License No.

02/07/03
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)	No. of Stages	Setting Depth	FT.
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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

GRINER DRILLING SERVICE

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks

FIRE PROTECTION, NO PUMP
INSTALLED

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