

**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 <i>Neshoba</i>	
WELL NUMBER <i>H-608</i>	CODED
DATE WELL COMPLETED <i>1-26-04</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>Smith's Well Drilling</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Talmage Jayroe Hospital Road Phila, Miss 39950</i>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <i>04</i>	TOWNSHIP <i>11 N</i>	RANGE <i>13 E</i>
DISTANCE <i>8</i> Miles	DIRECTION <i>EAST</i> of		NEAREST TOWN <i>Phila</i>
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, <u>Industrial</u> , Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): <u>Submersible</u> Turbine, Jet, Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <u>Electric</u> , Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>5</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Sand</i>	<i>0</i>	<i>80</i>
<i>Clay</i>	<i>80</i>	<i>340</i>
<i>Clay & Sand</i>	<i>340</i>	<i>400</i>
<i>Rock</i>	<i>400</i>	<i>408</i>
<i>Clay</i>	<i>408</i>	<i>520</i>
<i>Sand</i>	<i>520</i>	<i>570</i>

WELL DATA		
Well Depth <i>570</i> Ft	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>540</i>
Type of Casing <i>PVC</i>	Hole Depth <i>570</i>	Depth to Static Water Level <i>190</i> Ft
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, <u>Telescoped</u> , Natural Development, Open Hole, Other (Describe) _____		
WELL GROUTED TO A DEPTH OF <u>100</u> FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <i>2"</i>	Length - Feet <i>30"</i>	Slot Size - Inches <i>8</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>30</i>	

RECEIVED	
FEB 04 2004	
BY: OLIVER	
Top of Lap Pipe or Reduction in Casing <i>20</i> 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.

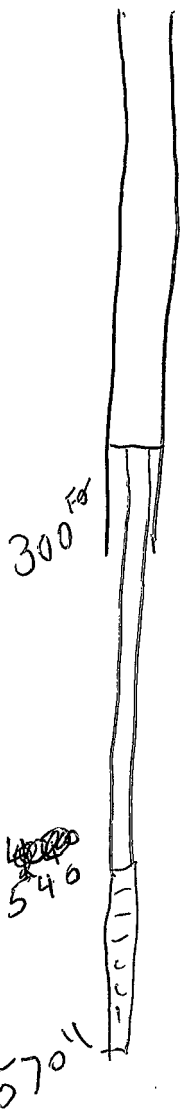
Tom Smith
Signature of Licensed Driller and License No.

1-30-04
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
40	28	260 FT.

PUMP TEST

Well yielded 40 GPM with
 a drawdown of 40 ft.
 after 20 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 _____

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks

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