

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>Pike</u>	
WELL NUMBER <u>D-208</u>	CODED
DATE WELL COMPLETED <u>8-21-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Thompson Bros</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>Penbury Resources</u> <u>P.O. Box 506 Laurel, MS</u>			
Latitude:			
Longitude:			
WELL LOCATION	SEC <u>8</u>	TOWNSHIP <u>3</u>	RANGE <u>7</u> ^(N) _(S) ^(E) _(W)
DISTANCE <u>2 1/2</u> Miles	DIRECTION <u>W</u>	NEAREST TOWN <u>of McComb</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Tig supply</u>			

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 _____			

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>red clay</u>	<u>0</u>	<u>18</u>
<u>Clay gravel, sand</u>	<u>18</u>	<u>115</u>
<u>clay</u>	<u>115</u>	<u>130</u>

WELL DATA		
Well Depth <u>115</u>	Casing Diameter (In.) <u>4</u>	Casing Length (Ft.) <u>95</u>
Type of Casing <u>PVC</u>	Hole Depth <u>130</u>	Depth to Static Water Level <u>38</u>
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) _____		

RECEIVED
SEP 04 2003
BY: OLWR

WELL GROUTED TO A DEPTH OF <u>20</u> FEET
Type Grout (circle one): Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> or Mix _____

SCREEN DATA		
Diameter - Inches <u>4</u>	Length - Feet <u>20</u>	Slot Size - Inches <u>.020</u>
Screen Type <u>PVC Sotted</u>	Depth to Bottom - Feet <u>115</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.

John W. Thompson 0-0679 9-02-03
Signature of Licensed Driller and License No. 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.
PUMP TEST			
Well yielded <u>75</u> GPM with			
a drawdown of <u>10</u> ft.			
after <u>airlift</u> 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.