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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 Smith	PERMIT NUMBER
WELL NUMBER H-2005	CODED
DATE WELL COMPLETED 7-9-02	NAME OF DRILLING FIRM Roy V. West Drilling

NAME & MAILING ADDRESS OF LANDOWNER			
Billy Burger C.R. 501-2 Raleigh MS			
Latitude:			
Longitude:			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	19	3	9 ^N ^E
DISTANCE	DIRECTION	NEAREST TOWN	
6 Miles	NE	of Raleigh	
OTHER LANDMARK			
WELL PURPOSE <input checked="checked" type="radio"/> Home, <input type="radio"/> Irrigation, <input type="radio"/> Municipal, <input type="radio"/> Industrial, <input type="radio"/> Fish Pond, etc.			

PUMP DATA	
PUMP TYPE (Circle One):	
<input checked="checked" type="radio"/> Submersible	<input type="radio"/> Turbine, <input type="radio"/> Jet, <input type="radio"/> Flowing Well, Other (Describe) _____
POWER TYPE (Circle One):	
<input checked="checked" type="radio"/> Electric	<input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) _____ H/P <u>2</u>

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Top soil	0	1
CLAY	1	19
CLAY & SAND STRKS	19	59
SAND	59	110

WELL DATA		
Well Depth 110	Casing Diameter (In.) 4	Casing Length (Ft.) 100
Type of Casing PUC	Hole Depth 110	Depth to Static Water Level 79
TYPE OF COMPLETION: (Circle One or More):		
<input checked="checked" type="radio"/> Gravel Packed,	<input type="radio"/> Underreamed,	<input type="radio"/> Telescoped,
<input checked="checked" type="radio"/> Natural Development (Describe) _____	<input type="radio"/> Open Hole,	<input type="radio"/> Other _____
WELL GROUTED TO A DEPTH OF 10 FEET		
Type Grout (circle one): Cement, <input checked="checked" type="radio"/> Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches 4	Length - Feet 10	Slot Size - Inches .010
Screen Type PUC	Depth to Bottom - Feet 110	

RECEIVED
 AUG 01 2002
 BY: OLWR

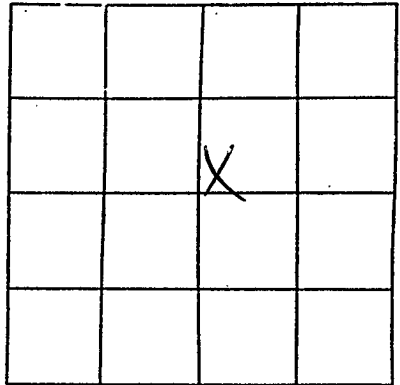
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

 Signature of Licensed Driller and License No.

 Date

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 19

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
<u>12</u>		<u>100</u> FT.

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

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.