

County: Smith
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 4-30-08
4/30/08

State Well Report
 Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: R95
 L.S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Town OF Taylorsville</u>	Latitude: <u>31.49.52N</u> Longitude: <u>89.27.04W</u>
Mailing Address: <u>202 Eureka St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>TH #2</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Taylorsville, MS</u>	<u>N1W 1/4 SW 1/4 Sec 18</u> <u>Town 10N</u> <u>Range 14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>785-6532</u>	<u>1</u> Miles <u>NW</u> of <u>Taylorsville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test hole

Date well drilling started: 4-29-08 Date well drilling completed: 4-31-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) stac tape electric tape air line other: _____

Hole depth: 300 Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development:
 Other (describe): _____

Top of log pipe or reduction in casing: _____ feet If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: DEQ R95

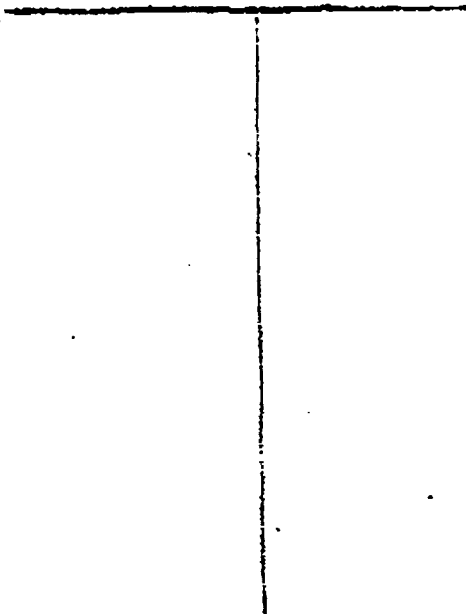
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher JB-560 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Test Hole only Hole Plugged with cement.

If well telescopes please sketch below and show depths.

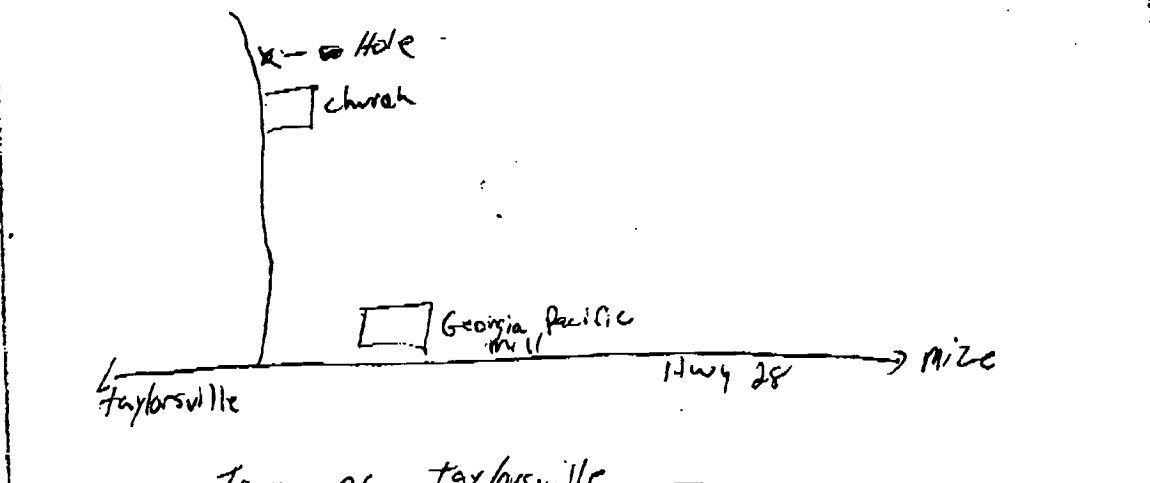
Ground Level



Description of Formations Encountered	From	To
Red sand	0	20
White sand	20	40
Green shale	40	80
Grey clay	80	160
Coarse grey sand	160	250
Grey clay	250	300

If more than one casing, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Town of Taylorsville


Signature of Water Well Contractor