

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>TATE</u>	
WELL NUMBER <u>464</u>	CODED
DATE WELL COMPLETED <u>9-29-03</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>Smith Well Drilling & Sew.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>GALEGEN</u> <u>Dean Town rd. Colowater.</u>			
Latitude:			
Longitude:			
WELL LOCATION.	SEC	TOWNSHIP	RANGE
<u>I-20</u>	<u>T-5</u>	<u>R-6</u>	<u>E</u>
DISTANCE	DIRECTION	NEAREST TOWN	
<u>3</u> Miles	<u>S</u>	of <u>PEARL</u>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Home</u>			

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, Turbine, Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) _____ H/P <u>3/4</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>TOP SOIL</u>	<u>0</u>	<u>5</u>
<u>GREY CLAY</u>	<u>5</u>	<u>30</u>
<u>WATER + GREY CLAY</u>	<u>30</u>	<u>70</u>
<u>WATER CLAY + SAND</u>	<u>70</u>	<u>100</u>
<u>WHITE SAND</u>	<u>100</u>	<u>114</u>
RECEIVED		
OCT 17 2003		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>114</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Ft.) <u>104</u>
Type of Casing <u>PVC</u>	Hole Depth <u>114</u>	Depth to Static Water Level <u>35</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) <u>WATER SAND</u>		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one) <input checked="" type="checkbox"/> Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>14 TUBES</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>114</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.

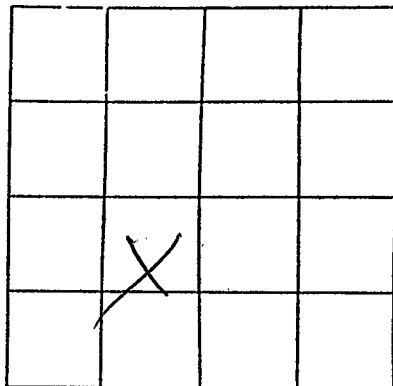
[Signature] 0-695 10-14-03
Date

Signature of Licensed Driller and License No.

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION I-20

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
<u>12</u>	<u>12</u>	<u>43</u> FT.

PUMP TEST

Well yielded 18 GPM with
 a drawdown of 2 ft.
 after 1 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.