

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>LATE</u>	
WELL NUMBER <u>301</u>	CODED
DATE WELL COMPLETED <u>4-7-04</u>	

PERMIT NUMBER
NAME OF DRILLING FIRM <u>SMITH Well Drilling + Serv.</u>

NAME & MAILING ADDRESS OF LANDOWNER <u>ROSS</u> <u>COUNTRY CLUB SENATOBIA</u>
Latitude:
Longitude:
WELL LOCATION. SEC <u>M-9</u> TOWNSHIP <u>T-6</u> RANGE <u>R-7</u> <u>(W)</u>
DISTANCE <u>4</u> Miles DIRECTION <u>S-E</u> NEAREST TOWN <u>of SENATOBIA</u>
OTHER LANDMARK
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <u>Home</u>

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) <u>H/P 1/2</u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>TOP SOIL</u>	<u>0</u>	<u>5</u>
<u>BROWN CIAH</u>	<u>5</u>	<u>25</u>
<u>YELLOW + RED CIAH</u>	<u>25</u>	<u>50</u>
<u>GRAVEL</u>	<u>50</u>	<u>80</u>
<u>WHITE CIAH</u>	<u>80</u>	<u>100</u>
<u>SAND</u>	<u>100</u>	<u>120</u>
RECEIVED		
MAY 04 2004		
BY: OLWR		
Top of Lap Pipe or Reduction in Casing		
FEET	IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

WELL DATA		
Well Depth <u>120</u>	Casing Diameter (In.) <u>4"</u>	Casing Length (Fl.) <u>110</u>
Type of Casing <u>PVC</u>	Hole Depth <u>120</u>	Depth to Static Water Level <u>55</u>
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) <u>WASHTED SAND</u>		
WELL GROUTED TO A DEPTH OF <u>10</u> FEET Type Grout (circle one) <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches <u>4"</u>	Length - Feet <u>10</u>	Slot Size - Inches <u>14 THOUS</u>
Screen Type <u>PVC</u>	Depth to Bottom - Feet <u>120</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]
Signature of Licensed Driller and License No. 0-645

4-28-04
Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

			X

SECTION M-9

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
<u>20</u>	<u>14</u>	<u>80</u>	FT.

PUMP TEST

Well yielded 26 GPM with
 a drawdown of 5 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.