

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)

County: BOLIVAR
Permit #: _____
Driller: Delta Drilling of Jones
Date drilling completed: 5-17-05

For Office Use Only:
Aquifer: _____
Well #: B-151
L. S. Elevation: 151
B-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>Smith Russ - CURTIS SMITH</u>	Latitude: <u>34° 03' 28"</u> Longitude: <u>90° 41' 48"</u>
Mailing Address: <u>38 BUTLER RD</u>	Method of Lat/Long (circle one): Conventional Survey
<u>ALLIGATOR MS 38720</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 SE 1/4 Sec. 11 Twn 25N Rng 5W</u>
Telephone No: <u>(601)-902-8521</u>	Distance <u>3</u> Miles Direction <u>E</u> of Nearest Town <u>DUNKIN MS</u>

Well Data

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

Date well drilling started: 5-11-05 Date well drilling completed: 5-11-05

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 5-12-05

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

Hole depth: 110 Well depth: 109 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 210 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 50 inches Setting depth: From 70 feet to 170 feet

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

Other (describe): _____

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

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

Name of organization running logs: _____

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.

ALAN PYLE 0674 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

B-151

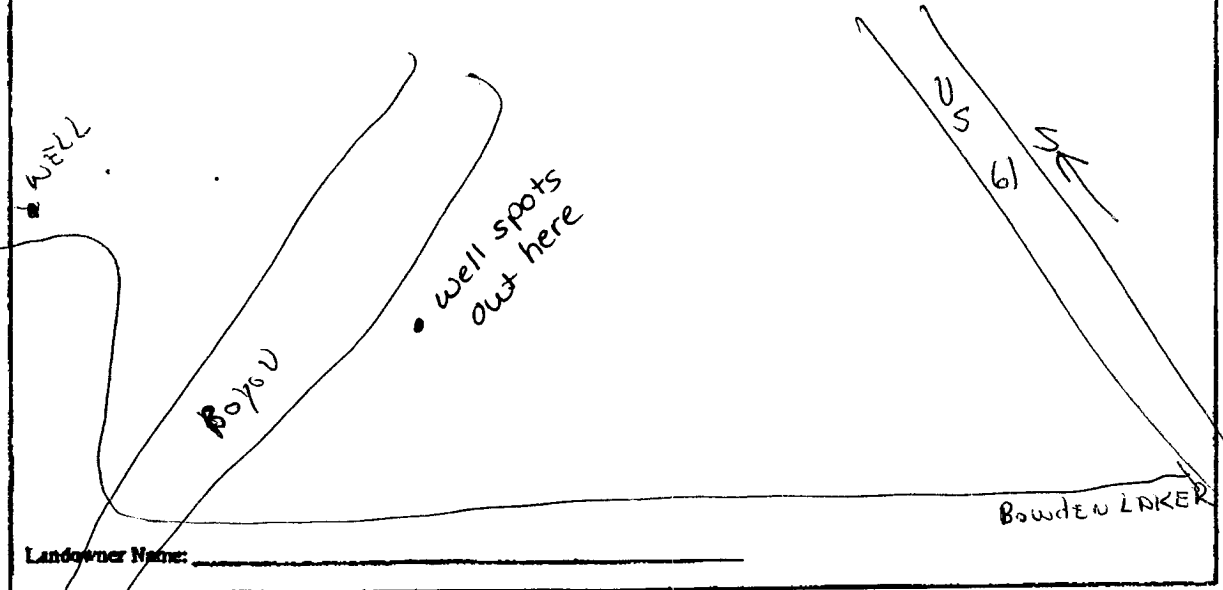
Ground Level

Blank area for sketching well telescopes and depths.

Description of Formations Encountered	From	To
Humbe	0	SS
COVERD SAND	SS	65
GUMBO WOOD SAND	60	68
GRAVEL GRAVEL	64	110

If more than one screen, 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.



Signature of Water Well Contractor

A handwritten signature in dark ink, appearing to read 'Randy...', written over a horizontal line.

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
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)

County: BOLIVAR
 Permit #: _____
 Driller: Delta Drilling & Trenching
 Date completed: 5-14-05

For Office Use Only:

Aquifer: _____
 Well #: B-151
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Small Business CURTIS SMITH</u>	Latitude: <u>34-03-039</u> Longitude: <u>090-41-421</u>
Mailing Address: <u>38 BUTLER</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>ALLIGATOR MS 38720</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>N41 W52</u> 1/4 Sec <u>11</u> Twn <u>25W</u> Rng <u>5W</u> NE SW Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>DUNKIN MS</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-14-05</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>90</u> Setting Depth: <u>20 ft</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-18-05</u> Static Water Level (A): <u>27</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shot in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ALAN PYLE Delta Drilling [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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