

County: Chickasaw
 Permit #: Gw16597
 Driller: Donald Smith Co
 Date drilling completed: 6/17/09

State Well Report
Part 1 - Driller's Log
 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: B112
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Houlka - Houlton Water Assoc</u> Mailing Address: <u>107 Hwy 32 West</u> <u>Houlka</u> <u>Ms</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>34° 02' 31"</u> Longitude: <u>88° 58' 54"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 NE 1/4</u> Sec <u>16</u> Twn <u>12S</u> Rng <u>3E</u> Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>Houlka</u>
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Well / Borehole Data

Date drilling started: 03/08/09 Date drilling completed: 6/17/09 Hole depth: 1110' Hole diameter: 18"

Location of the source of any surface water used for drilling: Public Supply
 Method of dosing and volume of Chlorine used in drilling and development: Public water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MS Office of Geology

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, ship the remainder of this block

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

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

Static Water Level: 327 feet above or below (circle one) land surface Date measured: 5/18/09

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

Well depth: 1110' Well grouted to a depth of 1045 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1045 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .015 inches Setting depth: From 1050 feet to 1110 feet

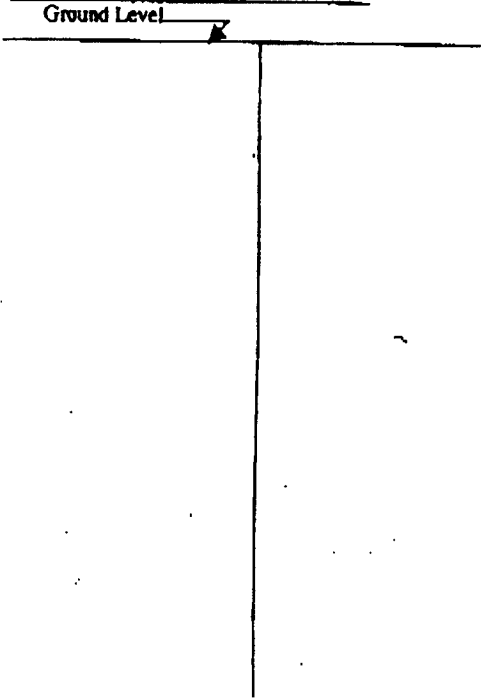
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: 986 feet *If telescoped or more than one screen, describe on next page*

B11

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red Sandy Clay	0	25
Blue Sandy Clay	25	75
Hard Shell	75	82
Brown Sandy Coarse	82	150
Blue Clay + Sand	150	320
Lime Rock	320	740
Blue Clay + Black Sand	740	890
Fine Sand + Clay	890	970
Blue Clay	970	985
Sandy Clay	985	1070
Sand	1070	1105
Blue Sand + Clay	1105	1125
Peegravel + Light Sand	1125	1175
Pink Gumbo	1175	1205

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) a north arrow.

Landowner Name: _____

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

Print Name of Responsible Licensee and License No. Donald E Smith 0-767 Date 7/17/09 Signature of Licensee Donald E Smith

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: Chickasaw
 Permit #: GW-16597
 Driller: Donald Smith Co
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: B117
 Well #: B
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Houlka Houston Water Assoc</u>	Latitude: <u>340223N</u> Longitude: <u>885850W</u>
Mailing Address: <u>107 Hwy 32 West</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Houlka</u> MS	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 16 T12S R 3E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>E</u> of <u>Houlka</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>08/18/09</u>	Setting Depth: <u>462</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-11-09</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>331</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>392</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>62</u> Feet Below Land Surface	Well yielded <u>307</u> GPM with a drawdown of
Test Pumping Rate: <u>307</u> Gallons Per Minute	<u>62</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Donald E Smith 0-767
 Print Name of Pump Installer and License No. (if applicable)

Donald E. Smith
 Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1B
 NOV 23 2009
 BY: OLWR