County: Humphreys

Permit #: [illegible]

Driller: Irrigation Equipment

Date drilling completed: 6-5-07

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 #: A-71

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

Owner Name: Joey Smith

Mailing Address: 106 County Rd 499

Sidon (City) Ms. (State) 38954 (Zip Code)

Telephone No. ( )

Well Location

Latitude: 33 · 18 · 41.1 (41) Longitude: 90 · 28 · 34.0 (34)

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NW ¼ NE ¼ Sec 23 Twn 17N Rng 3W

Distance 8 Miles Direction NE of Nearest Town Isola

Well Data

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

Date well drilling started: 6-5-07 Date well drilling completed: 6-5-07

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) steel tape electric tape air line other:

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 86 feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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

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

Name of organization running log(s):

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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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AUG 20 2007
BY: OLWR

Owner contracted with Kelly Vest to set pump.

A-71

GW 41896

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	35
Fine Sand & Gravel	36	47
Medium Sand & Gravel	48	126

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.

Landowner Name: Joey Smith

Signature of Water Well Contractor

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BY: OLWR

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: _____
Permit #: Cl-041896
Driller: _____
Date completed: _____
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: A-71
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

Owner Name: Joey Smith
Mailing Address: 100 COUNTY RD 499
Sidon MS. 38964
City State Zip Code
Telephone No. (____) _____

Well Location

Latitude: 33.18.41.6 Longitude: 90.28.34.0
Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS___, Survey-grade GPS___
NW ¼ NE ¼ Sec 23 T 17N R 3W
Distance Direction Nearest Town
8 Miles NE of Sidon

Pump Type
Circle one

Air Lift, Jet, Submersible
Bucket, Piston, (Turbine), Centrifugal, Rotary, Flowing Well
Other (specify): _____
Date Pump Installed: 6/10/07
Rated Pump Capacity: 1500 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas
Electric Motor, Hand, (Tractor PTO)
Windmill, Other (specify): _____
Horse Power Rating of Motor: 40
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ 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

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify): _____
For flowing well, measured shut 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.

Kelly Vost 0542
Print Name of Pump Installer and License No. (if applicable)

Kelly Vost
Signature of Pump Installer

Form OLWR-SWR-1B

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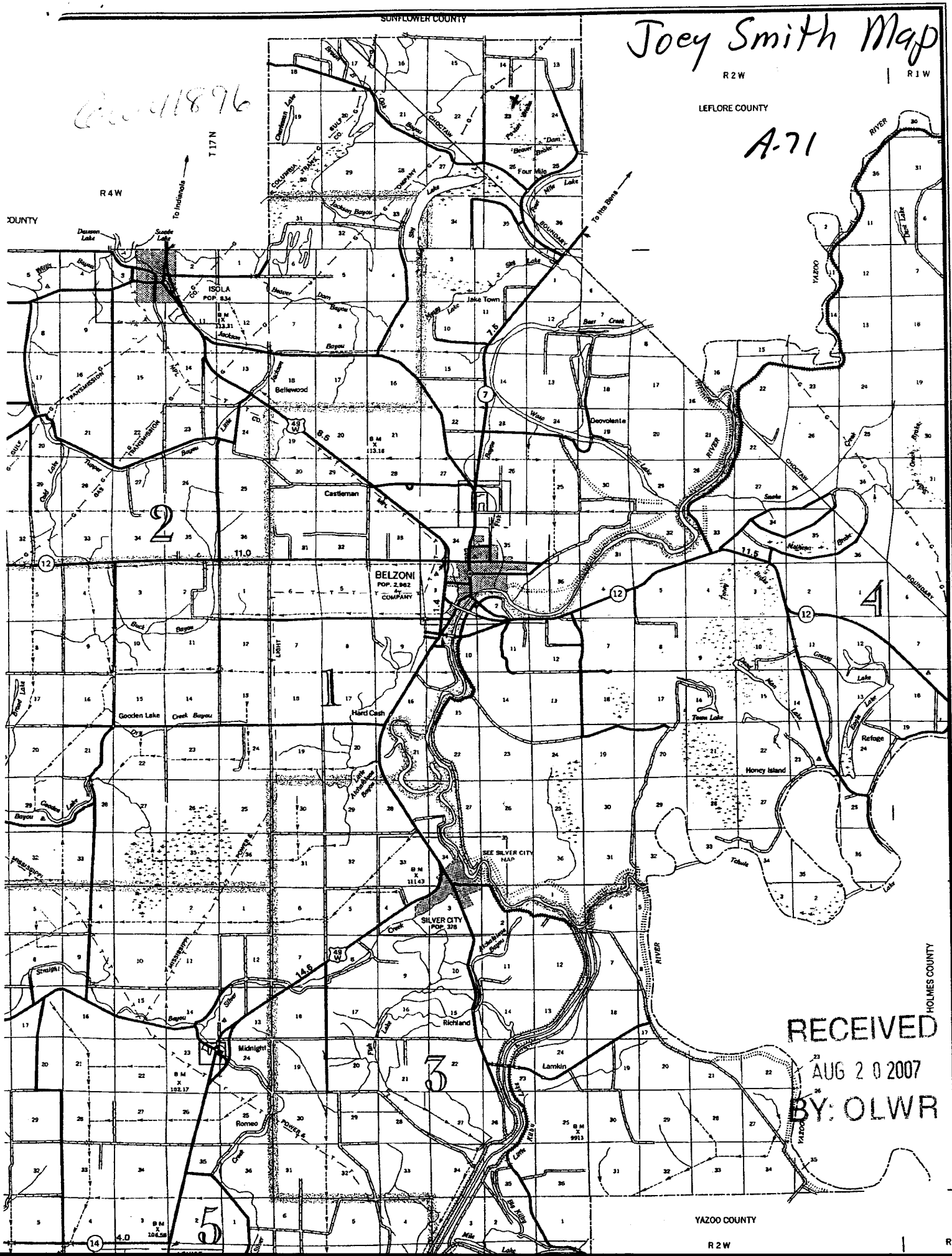
AUG 20 2007
BY: OLWR

Joey Smith Map

A-71

[illegible] 11896



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BY: OLWR