

County Hempstead
 Permit # GW 41928
 Driller: SCHUDCO LTD
 Date drilling completed: 6-15-07

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 #: F-194
 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	Well Location
Owner Name: <u>Mr Glenn Miller</u>	Latitude: <u>33° 07' 03" N</u> Longitude: <u>90° 30' 29" W</u>
Mailing Address: <u>8900 CR 524</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>RR 1 Box 80</u>	USGS quad: <u>SW 1/4 SE 1/4 Sec 28 Twn 15N Rng 3W</u>
<u>Cucula MS 38984</u>	Distance _____ Miles Direction _____ of Nearest Town _____
City _____ State _____ Zip Code _____	
Telephone No. <u>662 455-3092</u>	
Well Data	
Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input checked="" type="radio"/> Fish Culture <input type="radio"/> Other: <u>N/A</u>	
Date well drilling started: <u>6-15-07</u> Date well drilling completed: <u>6-15-07</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe): <u>N/A</u>	
Static Water Level: <u>32</u> feet above or below (circle one) land surface Date measured: <u>6-16-07</u>	
Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____	
Hole depth: <u>110</u> Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.35</u> inches Setting depth: From <u>0</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underscreened <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development	
Other (describe): <u>N/A</u>	
Top of lap pipe w/ reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutroc <input type="radio"/> Other: <u>N/A</u>	
Name of organization running log(s): <u>N/A</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.	
<u>Robert Byars 0-543</u>	<u>Robert Byars</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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Replacement well

If well telescopes please sketch below and show depths

F-194

Ground Level

6W41928

Description of Formations Encountered

From To

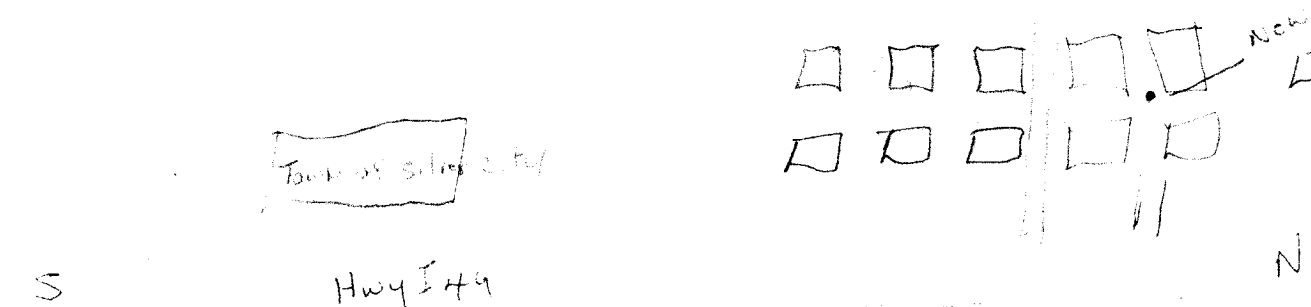
Description of Formations Encountered	From	To
CLAY	0	50
med to coarse SAND	50	60
coarse SAND + little P-gravel	60	70
coarse SAND & P-gravel	70	110
110 cemented GRAVEL		

← 70' PVC 10" well casing

← 140' PVC 10" well screen

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.



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Landowner Name: Mr. Gene Miller

Robert Bryan
Signature of Water Well Contractor
Replacement Well

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)

For Office Use Only:

Aquifer: _____

Well #: F-194

Elevation: _____

County: Humphreys
Permit #: GW41928
Driller: SeHudes LTD
Date completed: 6-15-07

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>Mr Glenn Miller</u>	Latitude: <u>33° 07' 23" N</u> Longitude: <u>090° 30' 29" W</u>
Mailing Address: <u>8900 CR524</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>RR1 Box 80</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Cruzer MS 38924</u>	<u>1/4</u> <u>1/4</u> Sec <u>28</u> Twn <u>15N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No <u>662-455-3092</u>	<u>2</u> Miles <u>NW</u> of <u>Silver City MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): <u>N/A</u>
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6-16-07</u>	Setting Depth: <u>60</u>
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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

Robert Byars 0-543
Print Name of Pump Installer and License No. (if applicable)

Robert Byars
Signature of Pump Installer

Replacement well