

County Humphreys
Permit #: 6W 41728
Driller: SE Hudson LTD
Date drilling completed: 5-31-07

Part I
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:
Acquirer _____
Well #: J-118
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>Harry Simmons</u>	Latitude: <u>33° 01' 35" N</u> Longitude: <u>90° 29' 49" W</u>
Mailing Address: <u>2628 Erickson Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Yazoo City, MS 39194</u>	USGS quad. (<u>Hand-held GPS</u> , Survey-grade GPS)
City State Zip Code	<u>NW NW Sec 34 Twn 14N Rng 3W</u>
Telephone No: <u>(662) 746-5687</u>	Distance Direction Nearest Town
	<u>5 Miles E of midnight MS</u>

Well Data

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

Date well drilling started: 5-31-07 Date well drilling completed: 5-31-07 6W 3614

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5-1-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 0 feet to 120 feet

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

Other (describe): N/A

Top of lap pipe or reduction in casing: N/A 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: N/A

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.

Robert Byars 0-543
Print Name of Water Well Contractor and License No.

Robert Byars
Signature of Water Well Contractor

Replacement Well

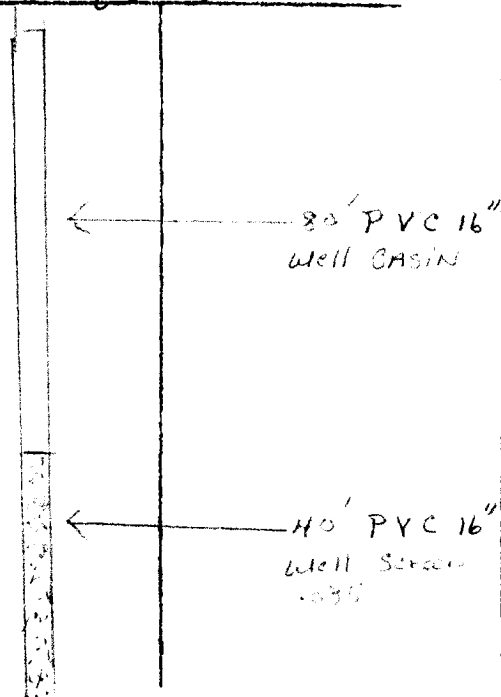
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If well telescopes please sketch below and show depths.

J-118

Ground Level

GW 41778



Description of Formations Encountered	From	To
CLAY	0	74
Med TO COURSE SAND & PG	74	90
COURSE SAND & LITTLE GR	90	100
COURSE SAND & GRAVEL CONCL. LG.	100	110
COURSE SAND & GRAVEL LITTLE CLAY	110	120

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: Mr. Harry Simmons

 Signature of Water Well Contractor
 Replacement Well

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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: Humphreys
 Permit #: CW41778
 Driller: SEHudes LTD
 Date completed: 5-31-07

For Office Use Only:

Aquifer: _____
 Well #: J-118
 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>Harry Simmons</u> Mailing Address: <u>2628 Wickham Rd</u> <u>Memphis, MS 39174</u> City State Zip Code Telephone No. <u>(662) 746-5687</u>	Latitude: <u>33 01 35 N</u> Longitude: <u>090 29 49 W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>14 N</u> Rng <u>3 W</u> Distance Direction Nearest Town <u>5</u> Miles <u>EAST</u> of <u>Midnight, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): <u>N/A</u> Date Pump Installed: <u>5-1-07</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): <u>N/A</u> Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u> 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	Air Line Electric Measuring Line Steel Tape Other (specify): <u>N/A</u> 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.

Robert Burns 5343
 Print Name of Pump Installer and License No. (if applicable)

Robert Ryan
 Signature of Pump Installer

Replacement Well

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