

County: Humphreys
 Permit #: GW15948
 Driller: Herndon Well
 Date drilling completed: 4-21-04

Well Driller Report and Well 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: _____
 Well #: K-170169
 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: <u>Town of Louise</u> Mailing Address: <u>P.O. Box 224</u> <u>Louise MS 39097</u> City State Zip Code Telephone No. (<u>662</u>) <u>836-5121</u>		Well Location 32.9828 Latitude: <u>32° 58' 58"</u> Longitude: <u>90° 35' 32"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 10 Twn 13N Rng 4W</u> Distance Direction Nearest Town <u>0</u> Miles of <u>Louise</u>	
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Well Data

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

Date well drilling started: 3-29-04 Date well drilling completed: 4-21-04

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

Static Water Level: 46 feet above or below (circle one) land surface Date measured: 7-27-04

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

Hole depth: 926 ft Well depth: 895 ft Well grouted to a depth of 850 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 850 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 8 inches Type of screen: stainless wire wrap

Screen slot size: .018 inches Setting depth: From 855 feet to 895 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: 795 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: yes

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.

Herndon Well & Supply 021
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

1C-170169

Ground Level

Description of Formations Encountered	From	To
BROWN CLAY	0	18
SAND STREAKS + CLAY	18	60
COARSE SAND + GRAVEL	60	148
CLAY	148	230
SANDY SHALE	230	312
FINE SAND W/SHALE + LIGNITE	312	400
SHALE STREAKS + SAND	400	540
GUMBO CLAY	540	550
SHALE + SAND	550	600
CLAY	600	667
GUMBO CLAY	667	830
SANDY SHALE	830	859
SAND	859	907
CLAY	907	909

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: _____

Robert Muri
Signature of Water Well Contractor

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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)

For Office Use Only:	
Aquifer: _____	Well #: <u>K-170169</u>
Elevation: _____	

County: <u>Humphreys</u>
Permit #: _____
Driller: <u>Herndon Well</u>
Date completed: <u>7-27-04</u>

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Town of Louise</u></p> <p>Mailing Address: <u>P.O. Box 224</u></p> <p style="text-align: center;"><u>Louise MS 39097</u> City State Zip Code</p> <p>Telephone No. <u>(662) 836-5121</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>32° 58' 58" N</u> Longitude: <u>90° 35' 32" W</u> 32° 90' 28" N - 90° 59' 21" W</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>SE</u> ¼ <u>SE</u> ¼ Sec <u>10</u> Twn <u>13N</u> Rng <u>4W</u></p> <p>Distance _____ Direction _____ Nearest Town <u>Louise</u> <u>0</u> Miles _____ of _____</p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet Submersible</p> <p>Bucket Piston <u>Turbine</u></p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>7-22-04</u></p> <p>Rated Pump Capacity: <u>325</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>40</u></p> <p>Setting Depth: <u>120</u> feet</p> <p>Number of Stages: <u>5</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>7-27-04</u></p> <p>Static Water Level (A): <u>46</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>77</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>31</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>390</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>8</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <u>Electric Measuring Line</u> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>390</u> GPM with a drawdown of <u>31</u> feet after <u>8</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<u>Marty Herndon</u> Print Name of Pump Installer and License No. (if applicable)	_____ Signature of Pump Installer
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