

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)

County: Humphreys
Permit #: 41549
Driller: Schuda Drilling
Date drilling completed: 3-5-07

For Office Use Only:
Aquifer: _____
Well #: K-175
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>B.W. Smith & Sons</u>	Latitude: <u>32° 59' 12"</u> Longitude: <u>90° 35' 42"</u>
Mailing Address: <u>PO Box 245</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise</u> MS <u>39097</u>	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 10 Twn 13N Rng 04W</u>
Telephone No. <u>662-836-5168</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>WEST</u> of <u>Louise, MS.</u>

Well Data

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

Date well drilling started: 3-5-07 Date well drilling completed: 3-5-07

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: 3-8-07

Method of Measurement (circle one) steel tape electric tape air line other: N/A

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 110 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

Ref #
41549

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YMD JOINT WATER
MANAGEMENT DISTRICT

State Well Report

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:

County: Humphreys
Permit #: OW 41549
Driller: SeHudson Drilling
Date drilling completed: 3-5-07

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Well #: K-175
L. S. Elevation: _____
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Owner Name: <u>B. W. Smith & Sons</u>	Latitude: <u>32° 59' 12"</u> Longitude: <u>90° 35' 42"</u>
Mailing Address: <u>PO Box 245</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Louise</u> MS <u>39097</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 10</u> Twn <u>13N</u> Rng <u>4W</u>
Telephone No. <u>662 836-5168</u>	Distance <u>1</u> Miles Direction <u>WEST</u> of Nearest Town <u>Louise, MS.</u>

Well Data

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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. Signature of Water Well Contractor

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MAR 11 2007
BY [Signature]

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)961-3210
 (601)354-6938 (fax)

County: Humphreys
 Permit #: QW41549
 Driller: Schuddeh Drillix
 Date completed: 3-8-07

For Office Use Only:

Aquifer: _____
 Well #: K175
 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>B.W. Smith & Sons</u> Mailing Address: <u>PO Box 245</u> <u>Louise MS 39097</u> <small>City State Zip Code</small> Telephone No. <u>(662) 836-5168</u>	Latitude: <u>32° 59' 12"</u> Longitude: <u>090° 35' 42W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>West</u> of <u>Louise MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-8-07</u> Rated Pump Capacity: <u>3,000</u> Gallons Per Minute	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> 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 <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> 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.

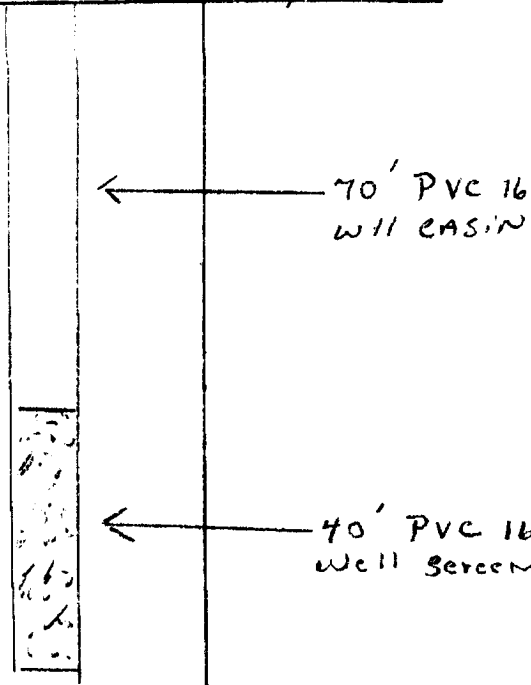
Robert BYARS 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAR 14 2007
 BY: OLWF

If well telescopes please sketch below and show depths.

K175

Ground Level 6041549



Description of Formations Encountered	From	To
SANDY CLAY	0	10
CLAY	10	54
COURSE SAND	54	80
COURSE SAND PG & GRAVEL	80	107
CEMENTED GRAVEL	108	110

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: B. W. Smith & Sons

Robert Byars
Signature of Water Well Contractor

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MAR 14 2007
BY: OLWH