

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:

Aquifer: _____
Well #: K-176
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: 41550
Driller: SeHuedco Drilling
Date drilling completed: 3-5-07

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: B.W. Smith & Sons
Mailing Address: PO Box 245
Louise MS 39097
City State Zip Code
Telephone No. 662-836-5168

Well Location

Latitude: 32° 58' 55" Longitude: 90° 35' 18"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
USGS quad: SE 1/4 NE 1/4 Sec 15 Twn 13N Rng 04W
Distance Direction Nearest Town
4 Miles South of Louise MS

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: 25 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: 105 Well depth: 105 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 65 feet Casing diameter: 10 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
Screen slot size: .035 inches Setting depth: From 0 feet to 105 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): N/A

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 #
41550

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YMD JOINT WATER
MANAGEMENT DISTRICT

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 #: R 176
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: OW 41550
Driller: Sethuedco Drilling
Date drilling completed: 3-5-07

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° 58' 55"</u> Longitude: <u>90° 35' 18"</u>
Mailing Address: <u>PO Box 245</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Louise</u> MS <u>39097</u>	USGS quad: <u>SE 1/4 NE 1/4 Sec 15 Twn 13N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 836-5168</u>	<u>4</u> Miles <u>South</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: 2.5 feet above or below (circle one) land surface Date measured: 3-9-07

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

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screenshot diameter: 10 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 0 feet to 105 feet

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

Other (describe): N/A

Top of tap 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): N/A

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

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MAR 14 2007

BY: OLWP

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 #: 60041550
 Driller: SeHudco Drilling
 Date completed: 3-8-07

For Office Use Only:

Aquifer: _____
 Well #: K176
 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>P.O. Box 245</u> <u>Louise</u> <u>MS</u> <u>39097</u> <small>City State Zip Code</small> Telephone No. <u>662 836-5168</u>	Latitude: <u>32° 58' 55"</u> Longitude: <u>090° 35' 18" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ <u>1/4</u> Miles <u>S</u> of <u>Louise MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-8-07</u> Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>20</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 Byars 0-543 Robert Byars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAR 14 2007
 BY: OLWR

