

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)

County: Humphreys
 Permit #: 41548
 Driller: Schudec Drilling
 Date drilling completed: 3-6-07

For Office Use Only:
 Aquifer: _____
 Well #: K-177
 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: B.W. Smith & Sons
 Mailing Address: P.O. Box 245
Louisville MS 39097
 City State Zip Code
 Telephone No. 662 836-5168

Well Location
 Latitude: 32° 58' 37" N Longitude: 90° 33' 54" W
 Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
 USGS quad. NE 1/4 SW 1/4 Sec 13 Twn 13N Rng 04W
 Distance 1 1/2 Miles Direction EAST of Nearest Town Louisville MS

Well Data
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 3-6-07 Date well drilling completed: 3-6-07
 If flowing, method of flow regulation: Valve N/A Other (describe) N/A
 Static Water Level: 18 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: 0.35 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: _____ 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 Byrns 0-543
Print Name of Water Well Contractor and License No.

Robert Byrns
Signature of Water Well Contractor

Ref #
411548

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County: Harisherys
 Permit #: 6W41548
 Driller: Schulco Drilling
 Date drilling completed: 3-6-07

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Part 1

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For Office Use Only:
 Aquifer: _____
 Well #: K-177
 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: B.W. Smith & Sons
 Mailing Address: P.O. Box 245
Louise MS 39097
 City State Zip Code
 Telephone No. 662 836-5168

Well Location
 Latitude: 32° 58' 37" Longitude: 90° 33' 54"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad. Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec. 13 Twn 13N Rng 4W
 Distance Direction Nearest Town
1 1/2 Miles EAST of Louise MS

Well Data
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 3-6-07 Date well drilling completed: 3-6-07
 If flowing, method of flow regulation: Valve N/A Other (describe) N/A
 Static Water Level: 18 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: 0.35 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 tap pipe or reduction in casing: _____ 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: OLWE

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 #: K127

Elevation: _____

County: Humphreys
 Permit #: GW41548
 Driller: Schudco Drilling
 Date completed: 3-8-07

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>B.W. SMITH & SONS</u>	Latitude: <u>32° 58' 37" N</u> Longitude: <u>89° 33' 54" W</u>
Mailing Address: <u>P.O. Box 245</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Louise</u> <u>MS</u> <u>39097</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>EAST</u> of <u>Louise, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>(Diesel Engine)</u> Gasoline Engine Natural Gas
Bucket Piston <u>(Turbine)</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-8-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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MAR 14 2007

BY: OLWR

