

Henry Hayes
41904
SCHYDES LTD
drilling completed: 6-25-07

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)

Acquiter _____
Well #: K183
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>Bart Smith</u>	Latitude: <u>32° 58' 38"</u> Longitude: <u>90° 34' 40"</u>
Mailing Address: <u>P.O. Box 245</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise MS 39097</u>	SW USGS quad: <u>(Hand-held GPS) Survey-grade GPS</u>
City State Zip Code	<u>1/4 SE 1/4 Sec 14 Twn 13N Rng 4W</u>
Telephone No: <u>(662) 836-5168</u>	Distance: <u>1</u> Miles Direction: <u>S/E</u> of Nearest Town: <u>Louise, MS</u>

Well Data

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

Date well drilling started: 6-25-07 Date well drilling completed: 6-25-07

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 6-27-07

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

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 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 Neutroc 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

41904

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JUN 28 2007
WATER WELL DIVISION
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

County Humphreys
 Permit # GW 41904
 Driller: SCHudson LTD
 Date drilling completed: 6-25-07

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 Office of Land and Water Resources
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Acquirer _____
 Well #: K-183
 L.S. Elevation: _____
 E-log #: _____

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Well Owner Information	Well Location
Owner Name: <u>Bart Smith</u>	Latitude: <u>32° 58' 38" N</u> Longitude: <u>90° 34' 40" W</u>
Mailing Address: <u>P.O. Box 245</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise MS 39097</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 14 Twn 13N Rng 4W</u>
Telephone No: <u>(662) 836-5168</u>	Distance Direction Nearest Town
	<u>1 Miles S/E of Louise, MS.</u>

Well Data

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

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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 Robert Byars
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 JUL 06 2007
 BY: OLWR

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 #: K-183

Elevation: _____

County: Humphreys
 Permit #: GW 41904
 Driller: SCHUDCO LTD
 Date completed: 6-25-07

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>BART SMITH</u>	Latitude: <u>32° 58' 38"</u> Longitude: <u>90° 34' 40"</u>
Mailing Address: <u>P.O. Box 245</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Louise</u> <u>MS</u> <u>39097</u>	<input checked="" type="radio"/> USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>14</u> Twn <u>13N</u> Rng <u>4W</u>
Telephone No. <u>(662) 836-5168</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>S/E</u> of <u>Louise, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <input checked="" type="radio"/> Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine <input checked="" type="radio"/> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>6-27-07</u>	
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	

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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 JUL 06 2007
 BY: OLWR