

County Humphreys
 Permit # GW42556
 Driller: SoHudeo LTD
 Date drilling completed: 5-27-08

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)

Aquifer _____
 Well #: K-184
 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>Ruffin Smith</u>	Latitude: <u>32° 57' 11.9" N</u> Longitude: <u>90° 35' 43.6" W</u>
Mailing Address: <u>P.O. Box 265</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>26</u>
<u>Louise MS 39097</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 22 - Twp 13N - Rng 4W</u>
Telephone No: <u>(662) 836-8320</u>	Distance: <u>3</u> Miles Direction: <u>SOUTH</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: 5-27-08 Date well drilling completed: 5-27-08

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 6-6-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 0 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development
 Other (describe): N/A

Top of top pipe or restriction 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 logs: 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

RECEIVED
 JUN 10 2008
 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 #: <u>K-184</u>
Elevation: _____	

County: <u>Humphreys</u>
Permit #: _____
Driller: <u>Sethules LTD</u>
Date completed: <u>6-6-08</u>

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>Ruffin Smith</u>	Latitude: <u>32° 57 119N</u> Longitude: <u>090° 35 436W</u>
Mailing Address: <u>P.O. Box 265</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Louise</u> MS <u>39097</u>	____ 1/4 ____ 1/4 Sec ____ Twp ____ Rng ____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 836-8320</u>	<u>3</u> Miles <u>S</u> of <u>Louise, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>(Submersible)</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>(Electric Motor)</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>6-6-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>600</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

<u>Robert Byars</u> <u>0-543</u>	<u>Robert Byars</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED
 JUN 10 2008
 BY: OLWR