

Humphreys

County HUMPHREYS
Permit # GW-42556 ✓
Driller: SeHudeo LTP
Date drilling completed: 5-27-08

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
SMITH (601)961-5210
(601)354-6938 (fax)

Acquirer _____
Well #: K200
L. S. Blaverton: _____
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"</u> Longitude: <u>90° 35' 43.6"</u>
Mailing Address: <u>P.O. Box 265</u>	<u>32-57-07</u> <u>90-35-26</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise MS 39097</u> City State Zip Code	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No: <u>662, 836-8320</u>	<u>SE 1/4 SE 1/4 Sec 22 Twp 13N Rng 4W</u>
	Distance Direction Nearest Town <u>3</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: 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 Underreamed Telescoped Open hole Natural Development
Other (describe): N/A

Top of log 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 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

42556

RECEIVED

JUN 20 2008

YMD JOINT WATER MANAGEMENT DISTRICT

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 #: K200
 Elevation: _____

County: Humphreys
 Permit #: _____
 Drills: Schuler LTD
 Date completed: 6-6-08

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' 19" N</u> Longitude: <u>90° 35' 43.6" W</u> <u>32-57-07</u> <u>90-35-26</u>
Mailing Address: <u>P.O. Box 265</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 SE 1/4 Sec 22 Twn 13 N Rng 4 W</u>
Telephone No. <u>(601) 836-8320</u>	Distance Direction Nearest Town <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

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

Robert Byars
 Signature of Pump Installer