

Imp Hrcy S  
GW 42432  
SCHUDEO LTD  
Date drilling completed: 4-7-08

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)354-6936 (fax)

Acquirer: \_\_\_\_\_  
Well #: L92  
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>Mr Harry SIMMONS</u>	Latitude: <u>33.00.949</u> Longitude: <u>090.29.914</u>
Mailing Address: <u>2628 Erickson Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Yazoo City, MS. 39194</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>4</u> <u>4</u> sec <u>3</u> Twn <u>13N</u> Rng <u>3W</u>
Telephone No <u>(662) 746-5687</u>	Distance Direction Nearest Town <u>7</u> Miles <u>SOUTH</u> of <u>Silver City, MS.</u>

**Well Data**

Purpose of Well (circle one) From: Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-7-08 Date well drilling completed: 4-7-08

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 4-8-08

Method of Measurement (circle one) steel tape electric taps 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: 0.035 inches Setting depth: From 0 feet to 110 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 completion running log(s): \_\_\_\_\_

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

42432

Replacement Well  
H-03615

County Humphreys  
 Permit # OW 42432  
 Driller: SCHUDER LTD  
 Date drilling completed: 4-7-08

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Acquirer  
 Well #: L-92  
 L.S. Elevation:  
 E-ring #:

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>Mr HARRY SIMMONS</u>	Latitude: <u>33.00.94<sup>N</sup></u> Longitude: <u>090.29.914<sup>W</sup></u>
Mailing Address: <u>2628 Erickson Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>YAZOO City, MS. 39194</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>14</u> <u>14</u> Sec: <u>3</u> Twp: <u>13N</u> Rng: <u>3W</u>
Telephone No: <u>(662) 746-5687</u>	Distance: <u>7</u> Miles Direction: <u>SOUTH</u> of Nearest Town: <u>Silver City, MS</u>

Well Data

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

Date well drilling started: 4-7-08 Date well drilling completed: 4-7-08

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 4-8-08

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

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Type of grout (circle one): Cement Bentonite Mix

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 Other (describe): N/A

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Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A

Name of completion running log(s):

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

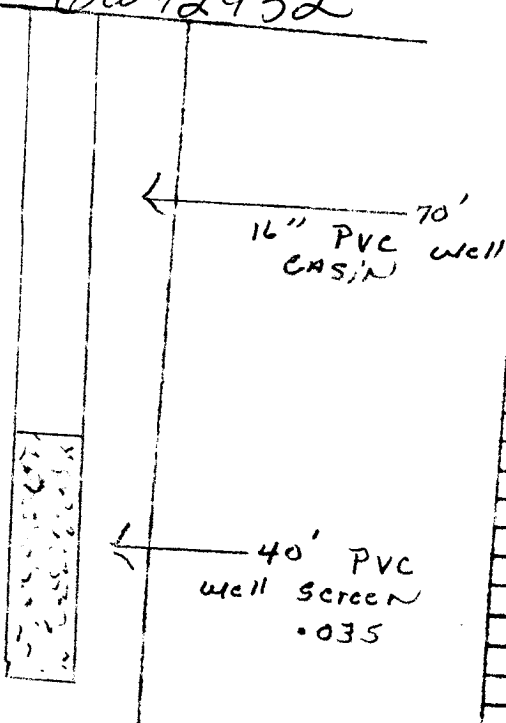
Replacement Well

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 BY: OLWR

If well telescopes please sketch below and show depths

L-92

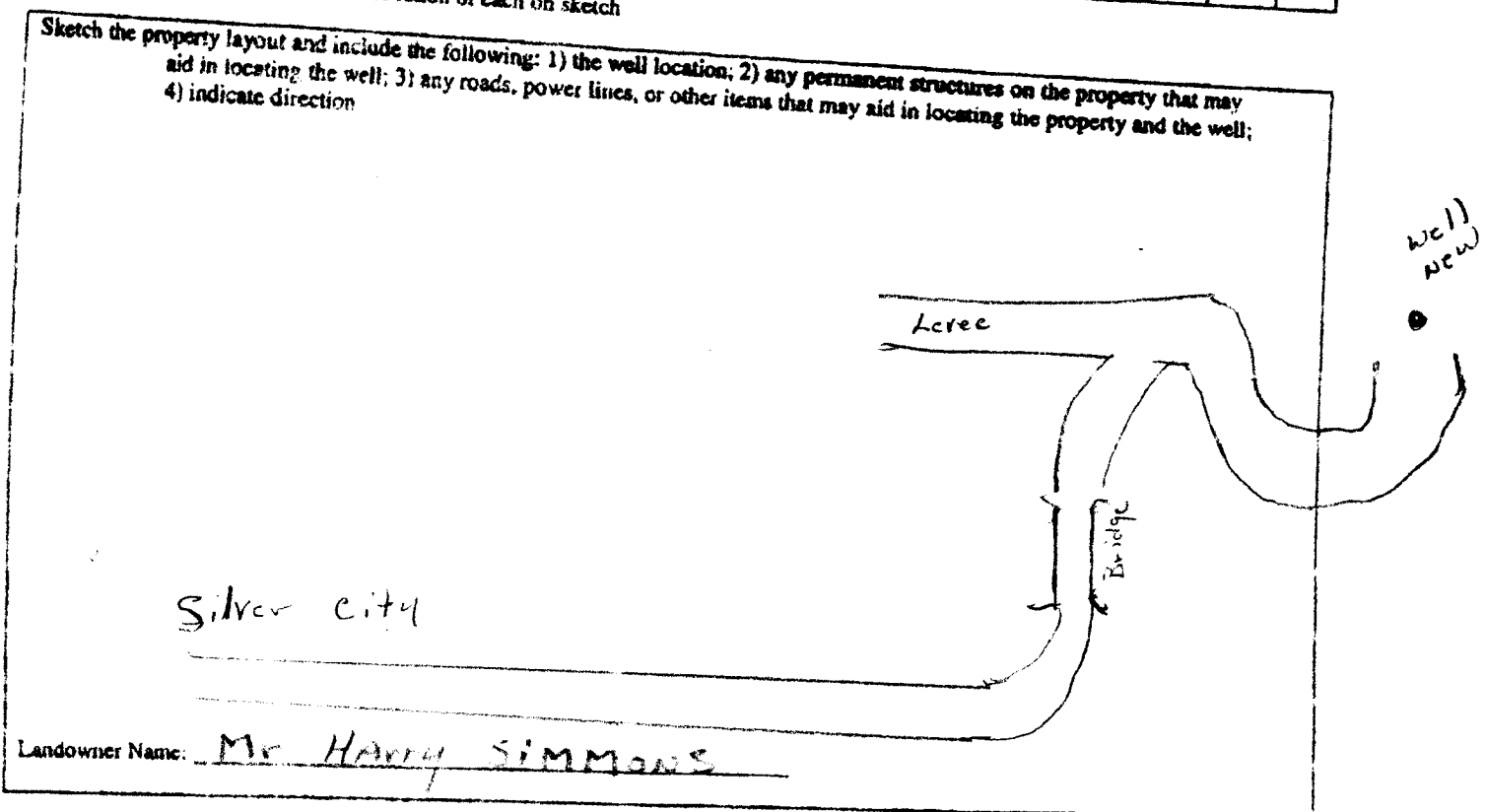
Ground Level CW42432



Description of Formations Encountered		From	To
CLAY		0	40
FINE TO med SAND		40	60
med SAND little P-gravel		60	80
med-SAND little P GRAVEL		80	90
COARSE SAND little P GRAVEL		90	100
med SAND		100	110
FINE SAND		110	113

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction



Landowner Name: Mr Harry Simmons

Robert Byars  
Signature of Water Well Contractor  
Replacement Well

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# 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 #: L-92

Elevation: \_\_\_\_\_

County: Humphreys  
 Permit #: 6W42432  
 Driller: SCHWEDEN LTD  
 Date completed: 4-7-08

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>Mr. HARRY SIMMONS</u>	Latitude: <u>33° 02' 949"</u> Longitude: <u>070° 27' 914"</u>
Mailing Address: <u>2628 ERICKSON RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>HAZARD MS. 37194</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twp _____ Rng _____
Telephone No. <u>(662) 746-5687</u>	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>S</u> of <u>Silver City, 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): <u>N/A</u>
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-8-08</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

*Replacement Well*

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