county: Leake County
Permit #: MS-6W-16322
Driller: Donald Smith Company
Date drilling completed:

State Well Report

Part 1 - Driller's Log

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. S. Elevation:	
E-log#:	

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 32. 41,58, Longitude: 89. 37, 5,
Owner Name Southwest Leake Water Assoc.	
Mailing Address: P.O. Box 168	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Lena, Ms 39094	
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Lo Miles E of Carthage
	5
Well / Bore	hole Data
Date drilling started: 4-07 Date drilling completed: 6-0	
Location of the source of any surface water used for drilling: Method of design and volume of Chloring used in drilling:	ublic Water Supply
Method of dosing and volume of Chlorine used in drilling and devel	opment:
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well \mathbf{X} Geotechnical/Geolo	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction) n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply	X Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve O	ther (describe)
Static Water Level:feet above or below (circle one) la	
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 885 Well grouted to a depth of 780 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length: 780 feet Casing diameter: 10	inches Type of casing: Steel
Screen length: 100 feet Screen diameter:	inches Type of screen: SS Johnston
Screen slot size:	785 feet to 885 feet
Type of completion (circle all applicable): Gravel packed Underr	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:	escoped or more than one screen, describe on next page

POR SWR-14 DEC 2 6 2007

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Brown Sandy Sand	D	20
Sand /	20	45
Blue clav	45	144
Rock '	144	145
Clay Grey	145	173
Brown Clay	173	540
Sandy '	540	600
Grey Clay	600	780
Sanid '	780	885

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

Sketch the property laid in load and in load and a north laid and a	ayout and incocating the with arrow.	clude the following tell; 3) any roads,	ng: 1) the well location power lines, or othe	CI2 Building	t structures on the project in locating the prope	operty that may errty and the well;
Landowner Name:	,					

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws

laws.

n Hernda

Print Name of Responsible Licensee and License No.

0-700

12-21-07

Signature of Licensee

RECEIVED

DEC 2 6 2007

BY: OLWR

STATE WELL REPORT

County: Leake County For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller: Donald Smith Company P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 12-07 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: Southwest Leake Water Assoc Latitude: Longitude: Mailing Address: P.O. Box 168 Method of Lat/Long (check one): Conventional Survey . USGS quad , Hand-held GPS , Survey-grade GPS 4 Sec 24 TON R 6E Distance Direction Nearest Town 6 Miles E of Carthage Telephone No. (Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): _ Other (specify): 50 HP Horse Power Rating of Motor: 12-19-07 Date Pump Installed: 180 Setting Depth: 350 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 12-21-07 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): 104 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: NA Test Pumping Rate: 350 GPM with a drawdown of Gallons Per Minute Well vielded Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge Print Name of Pump Installer and License No. (if applicable) of Pump Installer

feet after

hours of pumping