

County: LEE  
 Permit #: MSGW-16250  
 Driller: DONALD SMITH CO.  
 Date drilling completed: 12/13/05

### 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 #: H-132  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>NO. LEE CO. WATER ASSN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1004 BIRMINGHAM RIDGE RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>SALTILLO</u> MS <u>38866</u>	____ 1/4 ____ 1/4 Sec <u>22</u> Twn <u>9S</u> Rng <u>6E</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>NE</u> of Nearest Town <u>TUPELO</u>
Telephone No. <u>(662) 869-1223</u>	

**Well / Borehole Data**

Date drilling started: 10/31/05 Date drilling completed: 12/13/05 Hole depth: 478' Hole diameter: 9.875

Location of the source of any surface water used for drilling: PUBLIC WATER SUPPLY

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): MISSISSIPPI OFFICE OF GEOLOGY

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 148 feet above or below (circle one) land surface Date measured: 12/14/05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 452' Well grouted to a depth of 385 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 385 feet Casing diameter: 12 inches Type of casing: .375 WALL STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: SS W.R.

Screen slot size: .020 inches Setting depth: From 392 feet to 452 feet


Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

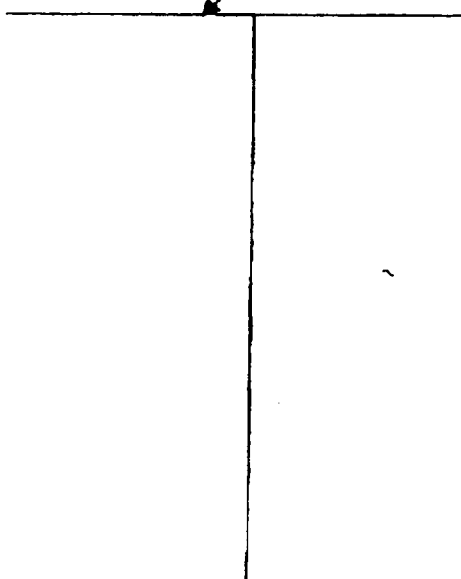
Top of lap pipe or reduction in casing: 333 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A  
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H-132

The sketch below only required for water wells

If well telescopes, show depths on sketch.  
Ground Level 



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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
RED SAND	0	10
RED CLAY	10	20
WHITE SAND	20	42
BLUE SANDY CLAY SHELL	42	290
FINE SAND	290	370
CLAY STREAKS	370	378
SAND	378	426
SAND & LIGNITE	426	454
SAND, CLAY STREAKS & HARD SHALE	454	478
2 FEET OF ROCK @ 101 FEET		

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) a north arrow.

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

DONALD E. SMITH 0-767 02/03/06  
Print Name of Responsible Licensee and License No. Date

  
Signature of Licensee

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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)

County: LEE  
 Permit #: MSGW-16250  
 Driller: DONALD SMITH CO.  
 Date completed: 01/10/06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-132  
 Elevation: \_\_\_\_\_

*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: <u>NO. LEE CO. WATER ASSN</u>	Latitude: <u>341708N</u> Longitude: <u>884001W</u>
Mailing Address: <u>1004 BIRMINGHAM RIDGE RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SALTILLO, MS 38866</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22</u> T <u>9S</u> R <u>6E</u>
Telephone No. ( <u>663 869-1223</u> )	Distance Direction Nearest Town
	<u>3</u> Miles <u>NE</u> of <u>TUPELO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>12/30/05</u>	Setting Depth: <u>310</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/10/06</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>146</u> Feet Below Land Surface	Other (specify): _____
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 <u>2.07</u> GPM with a drawdown of
Test Pumping Rate: <u>335</u> Gallons Per Minute	<u>160</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Donald E. Smith 0-767 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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