

12/19/2007 15:54 FAX 8627673107

DONALD SMITH CO., INC

002/005

County: Lee
 Permit #: 6W16376
 Driller: Donald Smith Co.
 Date drilling completed: _____

State Well Report
Part I - 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 #: K-111
 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) Owner Name: <u>Palmetto Water System, Inc</u> Mailing Address: <u>1612 CR41</u> <u>Tupelo MS 38801</u> City State Zip Code Telephone No. () _____	Well or Borehole Location Latitude: <u>34-12-32</u> Longitude: <u>88-49-07</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS <u>1/4</u> Sec <u>18</u> Twn <u>10S</u> Rng <u>5E</u> Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Tupelo MS</u>
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Well / Borehole Data

Date drilling started: 9/20/07 Date drilling completed: 10/24/07 Hole depth: 715' Hole diameter: 18"

Location of the source of any surface water used for drilling: Public Supply
 Method of dosing and volume of Chlorine used in drilling and development: Potable Water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density, Sonic Neutron Other: _____
 Name of organization running log(s): MS Geological Survey

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: 205 feet above of below (circle one) land surface Date measured: 10/22/07

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

Well depth: 685' Well grouted to a depth of 620 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 620 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: 55

Screen slot size: .020 inches Setting depth: From 625 feet to 685 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: 565 feet. *If telescoped or more than one screen, describe on next page*

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GW16376

K-111

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level: _____

see attached

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red Clay	0	57
Lime Rock	57	277
Blue Clay	277	485
Sand	485	515
Clay Straks + sand	515	600
Sand	600	710
Blue Clay	710	715

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: _____

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.

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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 #: 6W16376
 Driller: Donald Smith Co
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: K-111
 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>Palmetto Water System, Inc</u>	Latitude: <u>341232N</u> Longitude: <u>884907W</u>
Mailing Address: <u>1612 CR 41</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tupelo MS 38801</u> City State Zip Code	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
Telephone No. () _____	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Tupelo, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jct Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10/31/07</u>	Setting Depth: <u>382</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tap
Static Water Level (A): _____ 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 _____ 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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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DONALD SMITH CO., INC

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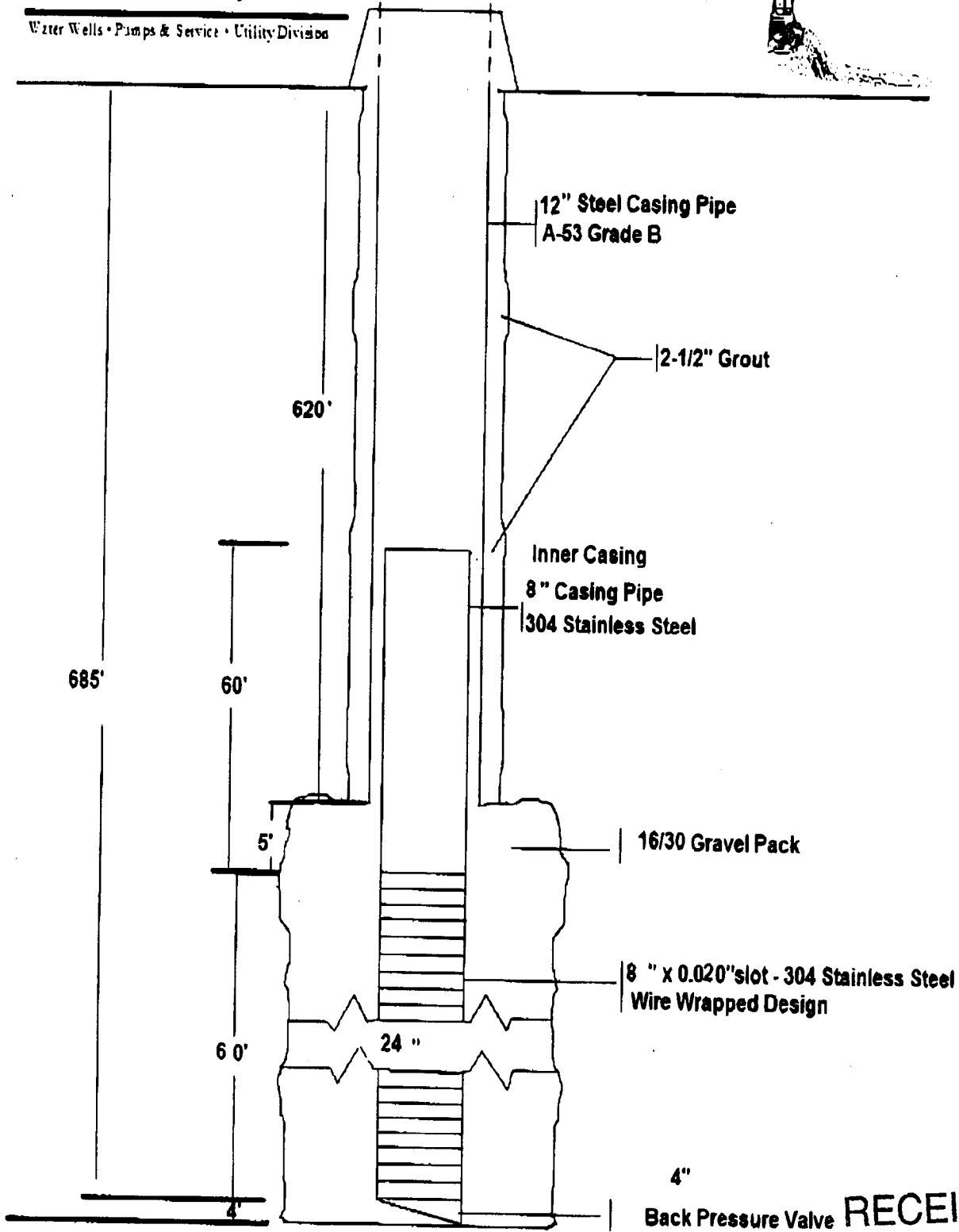
GW 16376

K-111

Donald Smith
Company, Inc.

PALMETTO
WELL DESIGN

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