

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)

County: Lee
 Permit #: GW 16549
 Driller: DONALD SMITH CO.
 Date drilling completed: 10/13/09

For Office Use Only:

Aquifer: _____
 Well #: M-41
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mooreville-Richmond WA</u>	Latitude: <u>34° 14' 47" N</u> Longitude: <u>88° 35' 17" W</u>
Mailing Address: <u>PO Box 28</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Mooreville, MS</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 5 Twn 10S Rng 7E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles SW of Mooreville</u> <u>"Cooper Site"</u>

Well / Borehole Data

Date drilling started: 7/13/09 Date drilling completed: 10/13/09 Hole depth: 430' Hole diameter: 2' 1 1/2"

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 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: 177.95 feet above or below (circle one) land surface Date measured: 9/29/09

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

Well depth: 390 Well grouted to a depth of 340 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 12 inches Type of casing: API 5L

Screen length: 50 feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .025 inches Setting depth: From 340 feet to 390 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: 277 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

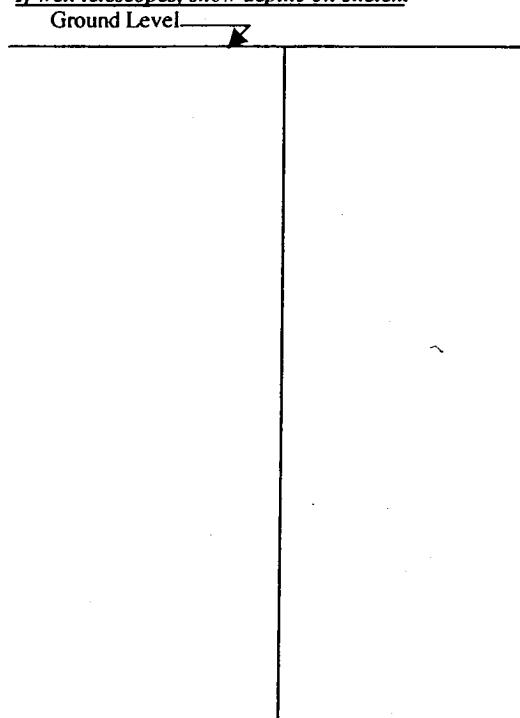
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6W16543

m=41

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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	15
Blue Sandy Clay	15	90
Blue Clay	90	210
Fine Sand	210	225
Clay	225	240
Sandy Clay	240	340
Sand	340	390
Clay	390	430

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 laws.

Ronald E Smith 0-767
Print Name of Responsible Licensee and License No.

11/18/09
Date

Ronald E Smith
Signature of Licensee

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STATE WELL REPORT

County: Lee
 Permit #: MS-GW-16543
 Driller: Donald Smith Co.
 Date completed: 3/11/10
Copy information from block on Part I

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 #: MA1
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>Mooreville - Richmond WA</u>	Latitude: <u>34.1447N</u> Longitude: <u>88.3517W</u>
Mailing Address: <u>PO Box 28</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mooreville, MS</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>10S</u> R <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>SW</u> of <u>Mooreville</u> "Cooper Site"

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>40</u>
Date Pump Installed: <u>2/05/10</u>	Setting Depth: <u>340'</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>21</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/08/10</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>178</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>128</u> Feet Below Land Surface	Well yielded <u>230</u> GPM with a drawdown of
Test Pumping Rate: <u>230</u> Gallons Per Minute	<u>128</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Donald E Smith 0-767 Donald E Smith A1
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B 2010

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