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Donald Smith Company

662-767-3107

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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 #: GN-16081
 Driller: Herndon Well
 Date drilling completed: 8/03/04

For Office Use Only:
 Aquifer: _____
 Well #: Q-118
 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>Town of Shannon</u>	Latitude: <u>34° 06' 19"</u> Longitude: <u>88° 40' 36"</u>
Mailing Address: <u>PO Box 6</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>1426 North Street</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Shannon, MS 38868</u>	<u>NW 1/4 SE 1/4 Sec 21 Twn 11S Rng 6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 767-9747</u>	_____ Miles _____ of _____
	<u>Inside City Limits</u>

Well / Borehole Data

Date drilling started: 6/22/04 Date drilling completed: 8/03/04 Hole depth: 495' Hole diameter: 17"

Location of the source of any surface water used for drilling: City water

Method of dosing and volume of Chlorine used in drilling and development: 100# Gran.

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: 85' feet above or below (circle one) land surface Date measured: 07/14/05

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

Well depth: 372 Well grouted to a depth of 322 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 322 feet Casing diameter: 12 inches Type of casing: Steel

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

Screen slot size: 1.020 inches Setting depth: From 322 feet to 372 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: 280 feet. *If telescoped or more than one screen, describe on next page*

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 #: _____
 Driller: Herndon Well
 Date completed: 02/07/05
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q-118
 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>Town of Shannon</u>	Latitude: <u>340619</u> Longitude: <u>884036</u>
Mailing Address: <u>PO Box 6</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>1426 North Street</u>	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
<u>Shannon MS 38868</u>	<u>NW 1/4 SE 1/4 Sec 21 T 11S R 6E</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 767-9747</u>	_____ Miles _____ of _____ <u>Inside City Limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet 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>40</u>
Date Pump Installed: <u>9/21/04</u>	Setting Depth: <u>210</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: <u>01/14/2005</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>167</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>82</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>335</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

RICHARD M. HERNDON 587 Richard M. Herndon
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer