

Jan 18 07 08:56a

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-17  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Monroe  
 Permit #: GW16213  
 Driller: Seater  
 Date drilling completed: 5-5-2006

*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>Hamilton Water District</u>	Latitude: <u>33° 51' 50N</u> Longitude: <u>88° 18' 55W</u>
Mailing Address: <u>P.O. Box 66</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Hamilton MS 39746</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>10</u> Twn. <u>14S</u> Rng. <u>17W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Greenwood Springs</u>
Well / Borehole Data	
Date drilling started: <u>1-2-06</u> Date drilling completed: <u>5-5-06</u> Hole depth: <u>235'</u> Hole diameter: <u>11 7/8"</u>	
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Pumped 15gals</u>	
Logs run (circle all applicable): No log run <u>(Electric)</u> <u>(Gamma Ray)</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>MS DEQ</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20'</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>12-12-06</u>	
Method of Measurement (circle one) steel tape <u>(electric tape)</u> air line other: _____	
Well depth: <u>185'</u> Well grouted to a depth of <u>140</u> feet Type of grout (circle one): <u>(Neat Cement)</u> Bentonite Mix	
Casing length: <u>140</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>Johnson / Stainless</u>	
Screen slot size: <u>0.030</u> inches Setting depth: From <u>145</u> feet to <u>185</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> <u>(Underreamed)</u> Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>105</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	



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**STATE WELL REPORT**

**Part 2**

County: MONROE  
 Permit #: GW 16213  
 Driller: Sender  
 Date completed: 5-5-2006  
*Copy information from back on Part 1*

**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 #: N-17  
 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>Hamilton Water District</u>	Latitude: <u>33° 51' 50" N</u> Longitude: <u>89° 14' 55" W</u>
Mailing Address: <u>PO Box 666</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hamilton MS 39146</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. ( ) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 Hp</u>
Date Pump Installed: <u>10-10-2006</u>	Setting Depth: <u>102</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>5 stage</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-06</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>252</u> GPM with a drawdown of
Test Pumping Rate: <u>252</u> Gallons Per Minute	<u>40</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</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)

Donald E Smith  
 Signature of Pump Installer