

Smith Co.

Permit #: _____
 Driller: J.R. Parker
 Date drilling completed: _____

CART 1
 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)

Aquifer: _____
 Well #: P43
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Jessie Smith</u>	Latitude: <u>31° 51' 38" N</u> Longitude: <u>89° 35' 25" W</u>
Mailing Address: <u>4912 Hwy 28</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MIZZ</u> <u>MS.</u>	NE 1/4 SE 1/4 Sec <u>31</u> Twn <u>10 N</u> Rng <u>16 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>WEST</u> of <u>MIZZ</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other

Date well drilling started: 7-19-06 Date well drilling completed: 7-21-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7-21-06

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

Hole depth: 160 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 130 feet to 150 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: _____ feet If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): STATE

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John R. Parker
 Print Name of Water Well Contractor and License No. 0-0553

John R. Parker
 Signature of Water Well Contractor

RECEIVED
 MAY 23 2008
 BY: OLWR

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: SMITH
 Permit #: _____
 Driller: JR Parker
 Date completed: 7-21-06

For Office Use Only:

Aquifer: _____
 Well #: P43
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>JESSIE SMITH</u>	Latitude: <u>31.5138^N</u> Longitude: <u>89.3525^W</u>
Mailing Address: <u>4912 HWY 28</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>MIZE MS.</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>10^N</u> Rng <u>16^W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>WEST</u> of <u>MIZE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-21-06</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-21-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

JOHNY R. PARKER Johny R. Parker
 Print Name of Pump Installer and License No. (if applicable) 0-0553 Signature of Pump Installer