

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Driller: SC Hydro Drilling  
 Date drilling completed: 6-21-06

# State Well Report

## Part 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 5-98  
 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>Doug Smiley</u>                               | Latitude: <u>33° 16' 47"</u> Longitude: <u>21° 52' 21"</u>  |
| Mailing Address: <u>2447 Sutherland</u><br><u>River Road</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS |
| <u>Hollandale MS. 38748</u><br>City State Zip Code           | <u>4</u> <u>4</u> Sec <u>31</u> Twn <u>17N</u> Rng <u>5W</u>  |
| Telephone No. <u>(601) 827-2272</u>                          | Distance <u>6</u> Miles Direction <u>East</u> of Nearest Town <u>Area, MS.</u>                              |

**Well Data**

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

Date well drilling started: 6-21-06 Date well drilling completed: 6-21-06

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 26.6 feet above or below (circle one) land surface Date measured: 6-22-06

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

Hole depth: 118 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 43 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 0 feet to 116 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): N/A

Top of lap pipe or reduction in casing: N/A 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: N/A

Name of organization running log(s): N/A

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.

Robert Byars 0-543 Robert Byars  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 JUL 10 2006  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: 5-98

Elevation: \_\_\_\_\_

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Driller: SCHuda Drilling  
 Date completed: 6-21-06

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>Doug Smyly</u>  | Latitude: <u>33° 16' 47"</u> Longitude: <u>090° 45' 30"</u>   |
| Mailing Address: <u>2447 Sunflower</u><br><u>River Road</u><br><u>Hollandale MS. 38748</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____   | _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____   |
| Telephone No. <u>(662) 827-5473</u>  | Distance _____ Direction _____ Nearest Town _____<br>_____ Miles _____ of _____                           |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                         |
|---|--|
| Air Lift      Jet      Submersible                  | Diesel Engine <u>Gasoline Engine</u> Natural Gas |
| Bucket      Piston <u>Turbine</u>                   | Electric Motor      Hand      Tractor PTO        |
| Centrifugal      Rotary      Flowing Well           | Windmill      Other (specify): _____             |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>60</u>           |
| Date Pump Installed: <u>6-22-06</u>                 | Setting Depth: <u>70</u> feet                    |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>2</u>                       |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: <u>N/A</u>                           | Air Line      Electric Measuring Line      Steel Tape                             |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): <u>N/A</u>   |
| 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.

Robert Byars 0-543      Robert Byars      **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer      JUL 10 2006

BY: OLWR