

STATE WELL REPORT

0740002-05

County: Walshall
 Permit #: GW16683
 Driller: Donald Smith Co, Inc
 Date drilling completed: 4/10/12

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: _____
 Aquifer: G74
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Improve Water Assoc</u>	Latitude: <u>31 54 61N</u> Longitude: <u>89 57 56W</u>
Mailing Address: <u>227 Sawmill Rd</u>	<u>05 40</u>
	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sandy Hook, MS 39478</u>	<u>NE 1/4 SW 1/4, Sec 35 T 2 N R 12 E</u>
City State Zip Code	<u>1.5</u> Miles <u>E</u> of <u>Tylertown</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2/16/12 Date drilling completed: 4/10/12 Hole depth: 470' Hole diameter: _____

Location of the source of any surface water used for drilling: Public Water 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): TEACO

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 108.89 feet [above or below] land surface Date measured: 2/20/13
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 425 Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 385 feet Casing diameter: 16 inches Type of casing: Carbon Steel

Screen length: 35 feet Screen diameter: 10 inches Type of screen: SS-Johnson

Screen slot size: _____ inches Setting depth: From 390 feet to 425 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 350 feet

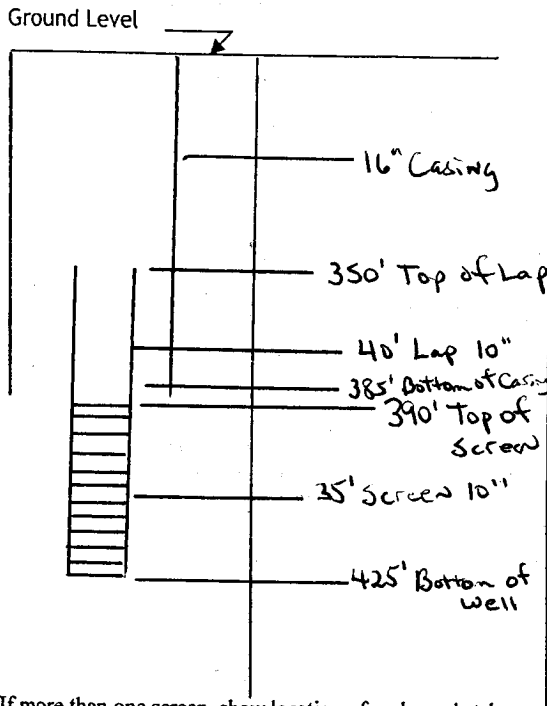
If telescoped or more than one screen, describe on next page

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County: Walthall
Permit #: _____

For Office Use Only:
Well #: 674

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	
Sandy Clay	0	10
Red Clay	10	15
Coarse Yellow Sand	15	120
Brown Coarse Sand, Gravel	120	195
Gray Sandy Clay	195	217
Clay	217	381
Sand + Gravel	381	386
Clay	386	470

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) north arrow

Landowner Name: _____

I HEREBY 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.

Donald Smith 0-767 5/13/13 Donald Smith
Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: G74
 Aquifer: _____

County: Walthell
 Permit #: _____
 Driller: Donald Smith Co. Inc
 Date completed: 3/15/13
Copy information from block on Part 1

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>Improve Water Assoc</u>	Latitude: <u>31 54 61 N</u> Longitude: <u>89 57 56 W</u>
Mailing Address: <u>227 Sawmill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Sandy Hook</u> <u>MS</u> <u>39478</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	<u>15</u> Miles <u>E</u> of <u>Tylertown</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 11/20/12 Rated Pump Capacity: 400 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 40 Setting Depth: 252 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 2/20/13 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 108.89 Feet Below Land Surface Pumping Water Level (B): 172.31 Feet Below Land Surface

Drawdown [(B) - (A)]: 63.42 Feet Below Land Surface Test Pumping Rate: 662 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 662 GPM with a drawdown of 63.42 feet after 5 hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: _____

Meter Model Number/Name: M604 Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: Donald Smith Co., Inc

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Donald Smith 0-767 5/15/13 Donald Smith
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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