

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 #: H 223
 L. S. Elevation: _____
 E-log #: _____

County: Washington
 Permit #: GW-45086
 Driller: J. Newcome
 Date drilling completed: 6-25-11

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>Mary Alice Bounds Smith Trust</u>	Latitude: <u>33° 20' 21"</u> Longitude: <u>090° 17' 17"</u>
Mailing Address: <u>P.O. Box 716</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greenville MS 38702</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 07 Twn 17N Rng 07W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>EAST</u> of <u>Greenville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 6-25-11 Date well drilling completed: _____
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 83 Well depth: 80 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 50 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 0.50 inches Setting depth: From 50 feet to 80 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): _____

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 NEWCOME 0-773
 Print Name of Water Well Contractor and License No.

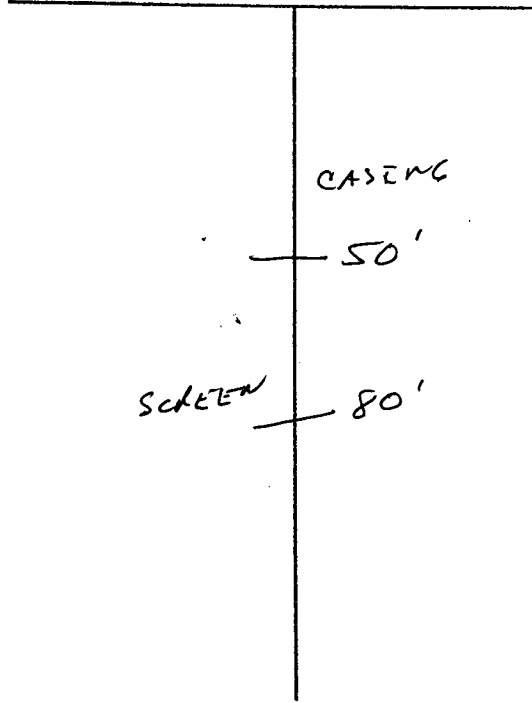
[Signature]
 Signature of Water Well Contractor

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A 223

If well telescopes please sketch below and show depths.

Ground Level

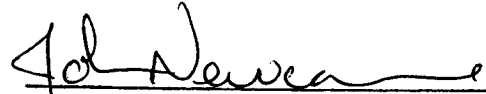


Description of Formations Encountered	From	To
TOP So: l	0	10
Mix clay	10	28
Fine sand	28	40
Coarse sand	40	80
Gray clay	80	83

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) indicate direction.

Landowner Name: _____



 Signature of Water Well Contractor

Jimson

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
(601)961-5210
(601)961-5228 (fax)

County: Washington
 Permit #: 45086
 Driller: J. Newcome
 Date completed: 6/25/11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 14223
 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>Mary Alice Bounds Smith Trust</u>	Latitude: <u>33° 20' 21"</u> Longitude: <u>57 47 17"</u>
Mailing Address: <u>P.O. Box 716</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville</u> <u>MS</u> <u>38702</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>6W</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>07</u> T <u>17N</u> R <u>07W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>East</u> of <u>Greenville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>60</u>
Date Pump Installed: <u>6/28/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Cony Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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