

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 #: M-184
L. S. Elevation: _____
E-log #: _____

County: Washington 151
Permit # GW-40159
Driller: MAT-NICKLES
Date drilling completed: 4-18-05

B & B Well, Pump and Plumbing Inc

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 Smyly</u>	Latitude: <u>33° 11' 06" N</u> Longitude: <u>090° 45' 40" W</u>
Mailing Address: <u>253 Horton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Hollandale MS 38748</u>	<u>SE 1/4 NE 1/4 Sec 13 Twn 16 N Rng 06 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 827-5473</u>	<u>9 Miles NE Hollandale MS</u>

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: MAY 18 2005

Date well drilling started: 4-18-05 Date well drilling completed: 4-18-05

If flowing, method of flow regulation: Valve N/A Other (describe) N/A **YMD JOINT WATER MANAGEMENT DISTRICT**

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 4-18-05

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 10 inches Type of casing: SCH 40 PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: SCH 40 PVC

Screen slot size: 32 inches Setting depth: From 78 feet to 118 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: 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

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BY: OLWR

#40159

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Well Owner Information	Well Location
Owner Name: <u>Doug Smyly</u>	Latitude: <u>33° 11' 06" N</u> Longitude: <u>090° 45' 40" W</u>
Mailing Address: <u>253 Horton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>HOLLANDALE MS 38748</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 13 Twn 16 N Rng 06 W</u>
Telephone No. <u>(662) 827-5473</u>	Distance Direction Nearest Town <u>9 Miles NE of Hollandale MS.</u>

Well Data

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

Date well drilling started: 4-18-05 Date well drilling completed: 4-18-05

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

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 4-18-05

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 10 inches Type of casing: SCH 40 PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: SCH 40 PVC

Screen slot size: 3/8 inches Setting depth: From 78 feet to 118 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: 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

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 BY OLWA

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: Washington
 Permit #: GW 40159
 Driller: MAT-NICKLES
 Date completed: 4-18-05

For Office Use Only:

Aquifer: _____
 Well #: M-184
 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>Doug Smyly</u>	Latitude: <u>33° 11' 06N</u> Longitude: <u>090° 45' 40W</u>
Mailing Address: <u>253 Horton Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale MS 38748</u>	<u>SE 1/4 NE 1/4 Sec 13 Twn 16N Rng 06W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 827-5473</u>	<u>9 Miles NE of Hollandale, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>4-20-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
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	

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

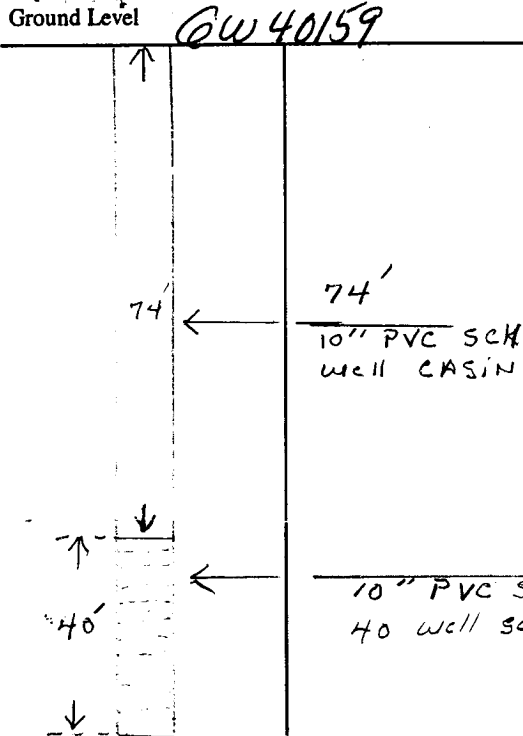
Robert Byars 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 20 2005

BY: OLWR

*If well telescopes please sketch below and show depths.

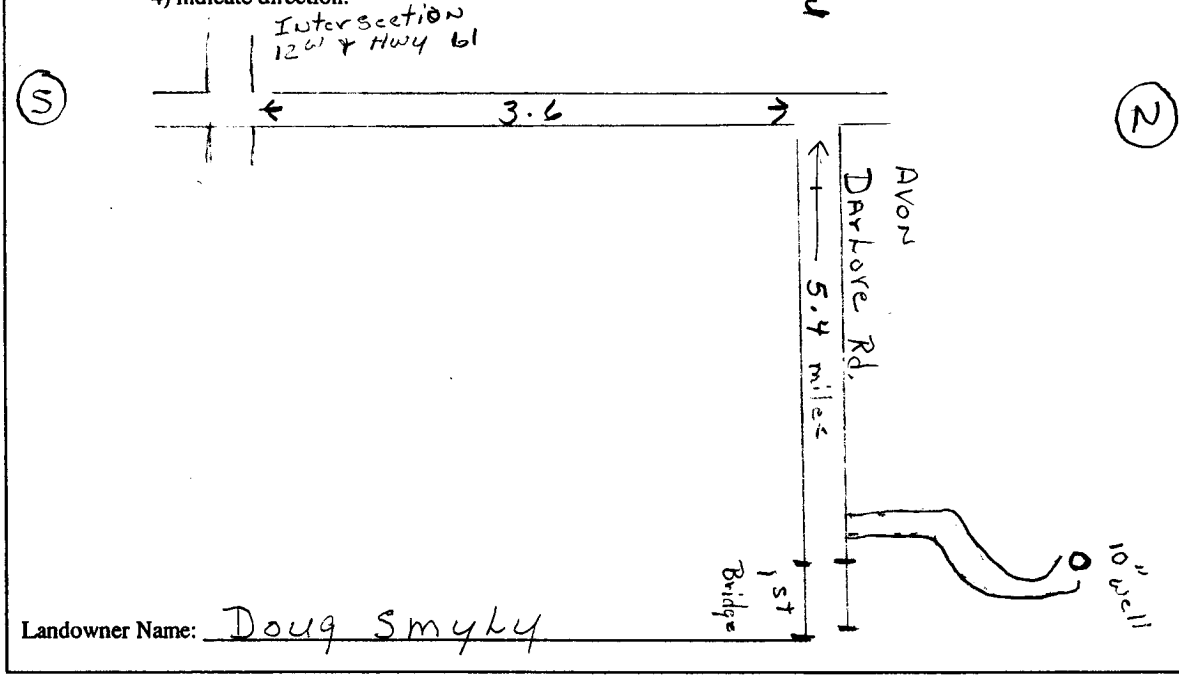


M-184

Description of Formations Encountered	From	To
CLAY	0	20
FINE SAND	20	30
COURSE SAND + P-gravel	30	50
COURSE SAND + little P-gravel	50	100
CS + gravel	100	110

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: **Doug Smyky**

Robert Byars

 Signature of Water Well Contractor

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 BY: OLWR