

County WASHINGTON
 Permit # GW112618
 Driller: SEHudes LTD
 Date drilling completed: 6-16-08

Part 1
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

Acquirer
 Well #: M-198
 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 Smyly</u>	Latitude: <u>33° 13' 27"</u> Longitude: <u>090° 44' 17" W</u>
Mailing Address: <u>2447 Sunflower River Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>HOLLANDALE MS 38748</u>	USGS quad: <u>(Hand-held GPS) Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 20 Twp 16N Rng 5W</u>
Telephone No: <u>(662) 827-5473</u>	Distance Direction Nearest Town
	<u>10 Miles N/E of HOLLANDALE MS.</u>

Well Data

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

Date well drilling started: 6-16-08 Date well drilling completed: 6-16-08

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 6-17-08

Method of Measurement (circle one): steel tape electric tape air line other: N/A

Hole depth: 113 Well depth: 113 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 0 feet to 113 feet

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

Top of lap pipe or restriction 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):

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

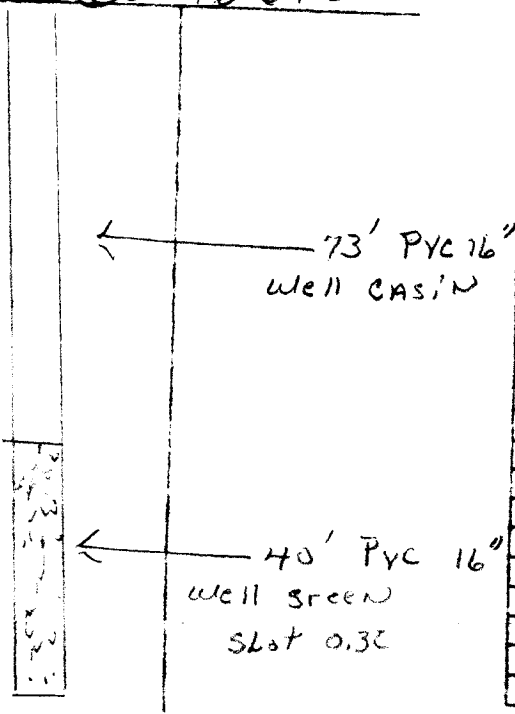
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If well telescopes please sketch below and show depths

M-198

Ground Level

GW42618



Description of Formations Encountered	From	To
CLAY	0	10
SAND	10	20
SAND	20	30
SAND	30	40
med & course SAND	40	50
COURSE SAND + P-gravel	50	60
COURSE SAND	60	70
COURSE SAND P-gravel + lig.	70	80
COURSE SAND P-gravel	80	90
COURSE SAND P-gravel	90	100
med COURSE SAND	100	105
COURSE SAND P-Gravel	105	113

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 Smiley

Robert Byar
Signature of Water Well Contractor

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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 #: M-198

Elevation: _____

County: WASHINGTON
Permit #: LOW42618
Driller: SeHudo LTD
Date completed: 6-17-08

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° 13' 27" N</u> Longitude: <u>090° 44' 17" W</u>
Mailing Address: <u>2447 Sunflower River Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hollandale MS 38748</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u> </u> Twn <u> </u> Rng <u> </u>
Telephone No. <u>(601) 827-5473</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>NE</u> of <u>Hollandale, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-17-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level 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
Print Name of Pump Installer and License No. (if applicable)

Robert Byars
Signature of Pump Installer