

### State Well Report Part 1 - Driller's Log

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 #: 61143284  
 Driller: Charles M. Nichols  
 Date drilling completed: 6-11-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M206  
 L. S. Elevation: \_\_\_\_\_  
 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.

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Doug Smyly</u>          Mailing Address: <u>2447 Sunflower River Rd</u>  <u>Hollandale MS, 38748</u>          City State Zip Code          Telephone No. <u>(662) 927-5473</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 15.48' N</u> Longitude: <u>090° 44.19' W</u>          Method of Lat/Long (circle one): <u>27"</u> Conventional Survey, <u>11"</u>          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 SE 1/4 Sec 05 Twp 16N Rng 5W</u>          Distance Direction Nearest Town  <u>3</u> Miles <u>NE</u> of <u>Darlove</u></p>
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**Well / Borehole Data**

Date drilling started: 6-11-09 Date drilling completed: 6-11-09 Hole depth: 114 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch  
 Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

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

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 6-11-09  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 114 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 74 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 74 feet to 114 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 next page*

B+B Well, Pump + Plumbing, Inc.

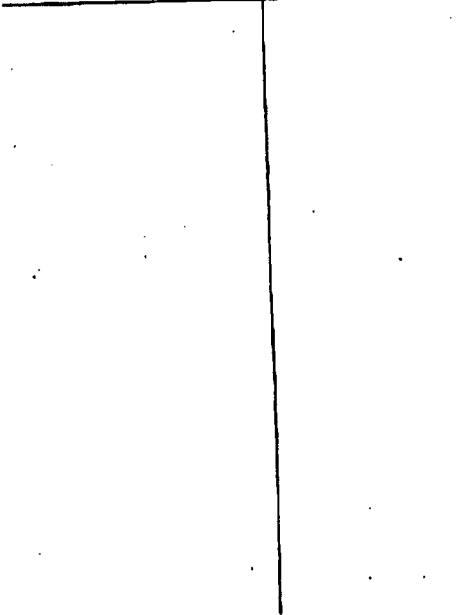
M 206

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch  
Ground Level \_\_\_\_\_ **R**

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	12
med sand	12	40
course sand + p-gravel	40	60
course sand	60	90
course sand + gravel	90	113
cemented gravel	113	114



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) a north arrow.

Landowner Name: Doug Smyly

Form: OLWR-SWR-1A

I 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.

Charles M. Nichols 00667    7-6-09  
Print Name of Responsible Licensee and License No.    Date

Charles M. Nichols  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6888 (fax)

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Schueler Ltd  
 Date completed: \_\_\_\_\_  
 Copy information from Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M 206  
 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 90 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Osua Smyly</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2447 Sunflower</u> <u>Rivers Rd</u> <u>Hollandale, MS 38748</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4 SE 1/4 Sec 05 T16N R5W</u>
Telephone No. <u>662 827-5473</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> <u>Gasoline Engine</u> <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>6-14-09</u>	Setting Depth: <u>60</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 Circle one
Date Well Tested: <u>N/A</u>	Air Line <input type="checkbox"/> <u>Elastic Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>27</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static is 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  
 Form: OLWR-BWR-1B