

County: Washington
 Permit #: GW-44268 ✓
 Driller: Charles M. Nichols
 Date drilling completed: 5/12/10

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)

For Office Use Only:
 Aquifer: _____
 Well #: M 216
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Doug Smyly</u>	Latitude: <u>33° 15' 24.9" N</u> Longitude: <u>90° 44' 46.6" W</u>
Mailing Address: <u>2447 Sunflower River Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>28</u>
<u>Hollandale MS 38748</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N1W 1/4 NW 1/4 Sec 08 Twn 16N Rng 05W</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 5/12/10 Date drilling completed: 5/12/10 Hole depth: 110 Hole diameter: 20"

Location of the source of any surface water used for drilling: _____
 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: _____

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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 70 feet to 110 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

Form: OLWR-SWR-1A
 RECEIVED
 JUL 07 2010
 BY: _____

M 216

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 39209-0631
(601)961-5210
(601)934-6998 (fax)

Use Office Log Only.

Applicator:

Well #: M 216

Elevation:

County: WASHINGTON
Pump Installer:
Driller: Schudco LTP
Date completed: 5/12/2010
(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 Owner Name: <u>Doug Smyly</u> Mailing Address: <u>2747 Sunflower River Rd.</u> <u>Hollandale MS 38748</u> City State Zip Code Telephone No. (462) <u>827-5473</u>		Well Location Latitude: <u>N 33° 15' 25" W</u> Longitude: <u>W 90° 34' 28" E</u> Method of Lat/Long (check one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>N1W</u> to <u>N1W</u> to sec <u>08</u> 16N 14 <u>05W</u> Distance Direction Nearest Town <u>9</u> Miles <u>N/E</u> of <u>Hollandale MS</u>	
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Pump Type Circle one Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Plunger <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/> Other (specify): <u>N/A</u> Date Pump Installed: <u>5-18-2010</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Power Type Circle one <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): <u>N/A</u> Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
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Pump Test Data Date Well Tested: <u>5-18-2010</u> Static Water Level (A): <u>27'</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown (A) - (B): <u>N/A</u> Feet Below Land Surface Test Production Rate: <u>N/A</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	Method of Measuring Water Level Circle one Air Line <input checked="" type="checkbox"/> Electronic Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>N/A</u> For flowing well, measured draw to level: <u>N/A</u> feet Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
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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-SWR-1B