

State Well Report

Part 1 - Driller's Log

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)

For Office Use Only:

Aquifer: _____
Well #: F-144
L. S. Elevation: _____
E-log #: _____

County: Adams
Permit #: _____
Driller: Water Well Drillings
Date drilling completed: 5-26-08

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>Trinity School</u>	Latitude: <u>N. 31.30.683</u> Longitude: <u>W. 91.22.459</u>
Mailing Address: <u>321 Hwy 665</u>	Method of Lat/Long (circle one): <u>41</u> Conventional Survey,
<u>Natchez</u> <u>MS</u> <u>39120</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>15</u> Twn <u>6N</u> Rng <u>3W</u>
Telephone No. <u>(601) 442 5424</u>	Distance Direction Nearest Town <u>0.5</u> Miles <u>South</u> of <u>Natchez</u>

Well / Borehole Data

Date drilling started: 5-20-08 Date drilling completed: 5-26-08 Hole depth: 120' Hole diameter: 7"

Location of the source of any surface water used for drilling: Portable Water Source
Method of dosing and volume of Chlorine used in drilling and development: _____

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: 72' feet above or below (circle one) land surface Date measured: 5-26-08

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

Well depth: 120' Well grouted to a depth of 22' feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 100' feet Casing diameter: 4 inches Type of casing: PVC sch 40

Screen length: 20' feet Screen diameter: 4 inches Type of screen: sawed PVC

Screen slot size: 10/32 inches Setting depth: From 100' feet to 120' feet

Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development

Other (describe): _____

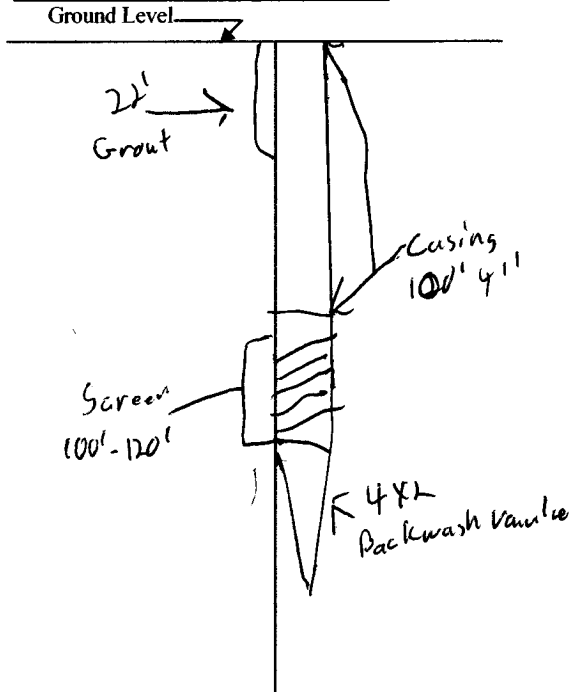
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

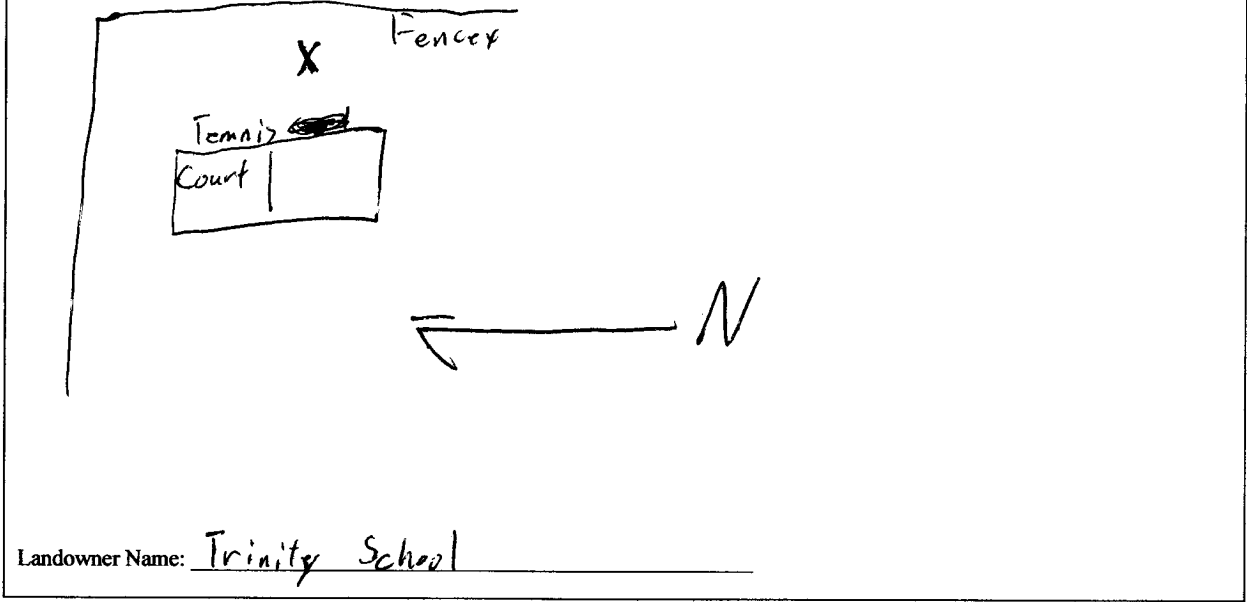


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	2'
Clay	2'	35'
Sand & Gravel	35'	120'

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.



Form: OLWR-SWR-1A (04/08)

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.

Water Well Drilling 0-681 5 26-08 Gege W. A.

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Adams
 Permit #: _____
 Driller: Water Well Drilling
 Date completed: 5-26-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-199
 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>Trinity School</u>	Latitude: <u>N 31° 30' 68" Longitude: <u>W 91° 22' 45" 9</u></u>
Mailing Address: <u>321 Hwy 61 S</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Matchez</u> <u>Ms</u> <u>39122</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> T <u>6N</u> R <u>3W</u>
Telephone No. <u>(601) 472-5424</u>	Distance Direction Nearest Town <u>1.5</u> Miles <u>South</u> of <u>Matchez</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>5-28-08</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>72</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>98</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>26</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>4.5</u> Gallons Per Minute	<u>26</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Water Well Drilling 0-681 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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