

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 #: G-36
L. S. Elevation: _____
E-Lot #: _____

County: CLAIBORNE 021
Permit #: MS-GW-15898
Driller: LAYNE-CENTRAL
Date Drilling Completed: 8/26/04

Layne Central Company

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>ROMOLA WATER ASSOCIATION</u>	Latitude: <u>31 ° 57 ' 52 "</u> Longitude: <u>90 ° 53 ' 25 "</u>
Mailing Address: <u>PO BOX 725</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>PORT GIBSON, MS 39150</u>	USGS quad, <input checked="" type="radio"/> Hand-Held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 44 Twn 12N Rng 3E</u>
Telephone No. (<u>601</u>) <u>437-8263</u>	Distance Direction Nearest Town
	<u>2 Miles EAST of PORT GIBSON</u>

Well Data

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

Date well drilling started: 5/1/04 Date well drilling completed: 8/26/04

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

Static Water Level: 200 feet above or below (circle one) land surface Date Measured: 6/11/04

Method of Measurement (circle one) steel tape electric tape air line Other: --

Hole depth: 505' Well depth: 450' Well grouted to a depth of 410 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 410 feet Casing diameter: 10 inches Type of casing: STEEL, EPOXY COATED

Screen length: 35 feet Screen diameter: 6 inches Type of screen: ROD-BASED

Screen slot size: 0.020 inches Setting depth: From 415 feet to 450 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: 365 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: --

Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

LAYNE-CENTRAL

0-064

Print Name of Water Well Contractor and License No.

Ralph Hays
Signature of Water Well Contractor

RECEIVED

SEP 08 2004

BY: OLWR

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 #: G-36
 Elevation: _____

County: CLAIBORNE
 Permit #: MS-GW-15898
 Driller: LAYNE-CENTRAL
 Date Completed: 8/26/04

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>ROMOLA WATER ASSOCIATION</u>	Latitude: <u>31 ° 57 ' 52 "</u> Longitude: <u>90 ° 53 ' 25 "</u>
Mailing Address: <u>PO BOX 725</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PORT GIBSON</u> <u>MS</u> <u>39150</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	-- ¼ -- ¼ Sec <u>44</u> T <u>12N</u> R <u>3E</u>
Telephone No. (<u>601</u>) <u>437-8263</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>EAST</u> of <u>PORT GIBSON</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11/23/04</u>	Setting Depth: <u>331</u> feet
Rated Pump Capacity <u>250</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>2/21/05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>98</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>62</u> Feet Below Land Surface	Well yielded <u>288</u> GPM with a drawdown of
Test Pumping Rate: <u>288</u> Gallons Per Minute	<u>62</u> feet after <u>26</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>26</u> hours	

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692
 Print Name of Pump Installer and License No. (if applicable)



Signature of Pump Installer

RECEIVED
 AUG 23 2005
 BY: OLWR