

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 #: B-93
L. S. Elevation: _____
E-Lot #: _____

County: CLARKE
Permit #: MS-GW-15957
Driller: LAYNE-CENTRAL
Date Drilling Completed: 12/16/03

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>HARMONY WATER ASSOCIATION</u>	Latitude: <u>32 ° 10 ' 724 "</u> Longitude: <u>88 ° 45 ' 971 "</u>
Mailing Address: <u>PO BOX 342</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>QUITMAN, MS 39355</u>	USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 21 TwN 4N Rng 15E</u>
Telephone No. (<u>601</u>) <u>776-2593</u>	Distance Direction Nearest Town
	<u>4 Miles NE of ENTERPRISE</u>

Well Data	
Purpose of Well (circle one) Home Industrial <u>Public Supply</u> Irrigation Fish Culture Other: <u>-</u>	
Date well drilling started: <u>10/24/03</u>	Date well drilling completed: <u>12/16/03</u>
If flowing, method of flow regulation: Valve <u>--</u> Other (describe) <u>--</u>	
Static Water Level: <u>151</u> feet above or <u>below</u> (circle one) land surface	Date Measured: <u>12/15/03</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line Other: <u>--</u>	
Hole depth: <u>1456'</u> Well depth: <u>1395'</u> Well grouted to a depth of <u>1335</u> feet	
Type of grout (circle one) <u>Cement</u> Bentonite	
Casing length: <u>1335</u> feet Casing diameter: <u>13 3/8</u> inches Type of casing: <u>STEEL I & C</u>	
Screen length: <u>50</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>WIRE-WRAPPED</u>	
Screen slot size: <u>0.020</u> inches	Setting depth: From <u>1340</u> feet to <u>1390</u> feet
Type of completion (circle all applicable): <u>Gravel Packed</u> <u>Underreamed</u> Telescoped Open Hole Natural Development	
Other (describe): <u>--</u>	
Top of lap pipe or reduction in casing: <u>1185</u> feet. If telescoped or more than one screen, describe on back of page.	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: <u>--</u>	
Name of organization running log(s): <u>LAYNE-CENTRAL, JACKSON, MS</u>	

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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 064 BY: Dave Losh
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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:

County: CLARKE

Permit #: _____

Driller: LAYNE-CENTRAL

Date Drilling Completed: 12/16/03

Aquifer: _____

Well #: B-93

Elevation: _____

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>HARMONY WATER ASSOCIATION</u>	Latitude: <u>32 ° 10 ' 724 "</u> Longitude: <u>88 ° 45 ' 971 "</u>
Mailing Address: <u>PO BOX 342</u>	Method of Lat/Long (circle one): Conventional Survey
<u>QUITMAN, MS 39355</u>	USGS quad, <input checked="" type="checkbox"/> <u>Hand-Held GPS,</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>4N</u> Rng <u>15E</u>
Telephone No. (<u>601</u>) <u>776-2593</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>ENTERPRISE</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> <u>Turbine</u>	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>-</u>
Other (specify): <u>-</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>3/2/04</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity <u>400</u> Gallons Per Minute	Number of Stages: <u>9</u>

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Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>3/2/04</u>	<input checked="" type="checkbox"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>152</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>173</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>-</u> feet
Test Pumping Rate: <u>449</u> Gallons Per Minute	Well yielded <u>-</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	<u>-</u> feet after <u>-</u> hours of pumping

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

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

Signature of Pump Installer