

36U-0535

County Copiah
 Permit #: MS-GW-16704
 Driller: Water Well Services
 Date drilling completed: 1-10-12

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 #: E94
 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) Owner Name <u>N. E. Copiah Water Assoc</u> Mailing Address: <u>P.O. Box 166</u> <u>Crystal Springs, MS 39059</u> City State Zip Code Telephone No. <u>(601) 953-0322</u>		Well or Borehole Location Latitude <u>31° 59' 29" N</u> Longitude: <u>90° 17' 43" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 27 - Twn 2N Rng 1W</u> NW Distance Direction Nearest Town <u>3</u> Miles <u>South</u> of <u>Crystal Spring</u>	
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Well / Borehole Data
 Date drilling started: 8-25-11 Date drilling completed: 1-10-12 Hole depth: 330 Hole diameter: 17 3/4
 Location of the source of any surface water used for drilling: N.E. Copiah water
 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): State Rogger's E-0094
 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: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 311 Well grouted to a depth of 273 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 273 feet Casing diameter: 12 3/4 inches Type of casing: Steel
 Screen length: 35 feet Screen diameter: 8" inches Type of screen: Stainless steel
 Screen slot size: 0.20 inches Setting depth: From 276 feet to 311 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: 216 feet. *If telescoped or more than one screen, describe on next page*

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: Copiah
 Permit #: MS-GW-16704
 Driller: Water Well Services
 Date completed: 3-21-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: E9A
 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>N.E. Copiah W. A.</u>		Latitude: <u>31 59 29 N</u> Longitude: <u>90 12 43 W</u>	
Mailing Address: <u>P.O. Box 166</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Crystal Springs, MS 39059</u>		USGS quad _____ <u>(hand-held GPS)</u> Survey-grade GPS _____	
City	State	Zip Code	<u>NE 1/4 NW 1/4 Sec 27 T2N R1W</u>
Telephone No. <u>(601) 953-0322</u>		Distance: <u>3</u> Miles	Direction: <u>South</u> of <u>Crystal Springs</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>20</u>		
Date Pump Installed: <u>3-21-12</u>			Setting Depth: <u>289</u> feet		
Rated Pump Capacity: <u>150</u> Gallons Per Minute			Number of Stages: <u>11</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-7-12</u>		Air Line <u>Electric Measuring Line</u> Steel Tape	
Static Water Level (A): <u>194.45</u> Feet Below Land Surface		Other (specify): _____	
Pumping Water Level (B): <u>255.06</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]: <u>60.61</u> Feet Below Land Surface		Well yielded <u>218</u> GPM with a drawdown of	
Test Pumping Rate: <u>218</u> Gallons Per Minute		<u>60.61</u> feet after <u>24</u> hours of pumping	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours			

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

Arnold Fincher 0598
 Print Name of Pump Installer and License No. (if applicable)

Arnold Fincher
 Signature of Pump Installer