

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)

County: Copiah
 Permit #: MS-GW-17162
 Driller: Water Well Services
 Date drilling completed: 4-26-16

For Office Use Only:
 Aquifer: _____
 Well #: KSA
 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>N.E. Copiah Water Assoc., Inc</u>	Latitude: <u>31° 57' 31" N</u> Longitude: <u>90° 14' 46" W</u>
Mailing Address: <u>P.O. Box 166</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Crystal Springs Ms 39059</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 953-0322</u>	<u>SE 1/4 NE 1/4 Sec 1 Twn 1 N Rng 1 W</u>
	Distance Direction Nearest Town <u>7 Miles South of Crystal Springs</u>

Well / Borehole Data

Date drilling started: 2-1-16 Date drilling completed: 4-26-16 Hole depth: 460' Hole diameter: 12 3/4"

Location of the source of any surface water used for drilling: N.E. Copiah Water Assoc

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 Loggers

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: 157 feet above or below (circle one) land surface Date measured: 4-27-16

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

Well depth: 460 Well grouted to a depth of 430 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: 20 feet Screen diameter: 8" inches Type of screen: Wirewrap S.S.

Screen slot size: 0.20 inches Setting depth: From 433 feet to 453 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: 373 feet. *If telescoped or more than one screen, describe on next page*

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

Received

APR 27 2016

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

County: Copiah
 Permit #: GW-17162
 Driller: Waterwell Services
 Date completed: Waterwell Services
4-26-16
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: K54
 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 Water Assoc. Inc</u>	Latitude: <u>31 57 31</u> Longitude: <u>90 14 46 W</u>
Mailing Address: <u>P.O. Box 166</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Crystal Springs, Ala 39059</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 1 T1N R1W</u>
Telephone No. <u>(601) 953-0322</u>	Distance Direction Nearest Town <u>7 Miles South of Crystal Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-12-17</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-12-17</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>157</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>222</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>61</u> Feet Below Land Surface	Well yielded <u>201</u> GPM with a drawdown of
Test Pumping Rate: <u>201</u> Gallons Per Minute	<u>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 Sr 0598
 Print Name of Pump Installer and License No. (if applicable)

Arnold Fincher Sr
 Signature of Pump Installer

Form: OLWR-RWR-1B (GADB)

File - 7-31-17