

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)

0430003-03

For Office Use Only:

Aquifer: _____
 Well #: T-19
 L. S. Elevation: _____
 E-log #: _____

County: Copiah
 Permit #: 6W16228
 Driller: Water Well Service
 Date drilling completed: 9-30-07

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>Lincoln Rural Water Assoc</u>	Latitude: <u>31.44.25 N</u> Longitude: <u>90.32.56 W</u>
Mailing Address: <u>1536 Monticello St</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 24 Twn 9N Rng 6E</u>
Telephone No. <u>(601) 833-8449</u>	Distance Direction Nearest Town
	<u>7 Miles West of Wesson</u>

Well Data

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

Date well drilling started: 5-28-07 Date well drilling completed: 9-30-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 179.26 feet above or below (circle one) land surface Date measured: 10-2-07

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

Hole depth: 485 Well depth: 475 Well grouted to a depth of 425 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 425 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 8 inches Type of screen: S.S. D

Screen slot size: 20 inches Setting depth: From 435 feet to 475 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: 8' 3 1/2" 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): State Loggers # T-0019

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

Arnold Fincher Sr 0598 Arnold Fincher Sr

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 39288-0631
 (601)961-5210
 (601)254-6936 (fax)

For Office Use Only:

Acquirer: T19
 Well #: _____
 Elevation: _____

County: Copiah
 Permit #: _____
 Driller: A.J. Fincher
 Date completed: 6-15-08

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

Owner Name: Lincoln Rural W.A. Inc.
 Mailing Address: 1536 Monticello St.
N. E.
Brookhaven, MS 39601
 City State Zip Code

Well Location

Latitude: 31°42'5"N Longitude: 90°32'56"W
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NE 1/4 Sec 24 Twn 9N Rng 6E
 Distance Direction Nearest Town
5 Miles W of Wesson

Telephone No. (601) 833-6449

Pump Type

Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Power Type

Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Date Pump Installed: 5-15-08

Horse Power Rating of Motor: 50

Rated Pump Capacity: 450 Gallons Per Minute

Setting Depth: 320 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: 10-2-07
 Static Water Level (A): 179.26 Feet Below Land Surface
 Pumping Water Level (B): 239.20 Feet Below Land Surface
 Drawdown ((B)-(A)): 59.94 Feet Below Land Surface
 Test Pumping Rate: 300 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level

Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 300 GPM with a drawdown of
59.94 feet after 24 hours of pumping

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

Arnold Fincher Jr #0-560
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer