

County: Covington  
 Permit #: MS-610-16655  
 Driller: Donald Smith Co.  
 Date drilling completed: 12-07-10

**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 #: 60066  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Salem Water Association</u>	Latitude: <u>31° 40' 43" N</u> Longitude: <u>89° 31' 58" W</u>
Mailing Address: <u>1212 Salem Church Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Collins</u> <u>MS</u> <u>39428</u> City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>8</u> Twn <u>8 N</u> Rng <u>15 W</u>
Telephone No. ( ) _____	Distance <u>1</u> Miles Direction <u>NE</u> of Nearest Town <u>Collins</u>

**Well / Borehole Data**

Date drilling started: 5-2010 Date drilling completed: 12-2010 Hole depth: 985 Hole diameter: 17 3/4

Location of the source of any surface water used for drilling: Public supply  
 Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): MDEQ

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 N/A Other (describe) \_\_\_\_\_

Static Water Level: 214 feet above or below (circle one) land surface Date measured: 10-27-2010

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

Well depth: 985 Well grouted to a depth of 900 feet Type of grout (circle one) Neat Cement  Bentonite  Mix

Casing length: 900 feet Casing diameter: 12 inches Type of casing: Black steel .375 wall

Screen length: 80 feet Screen diameter: 8 inches Type of screen: Stainless wire wrap

Screen slot size: .20 inches Setting depth: From 905 feet to 985 feet

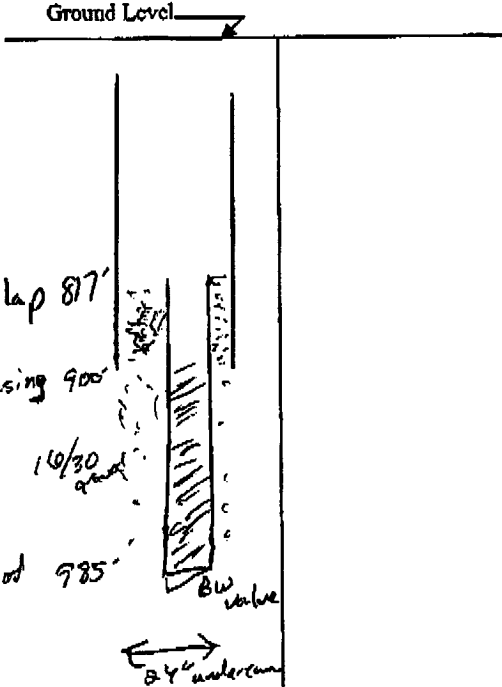
Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 817 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

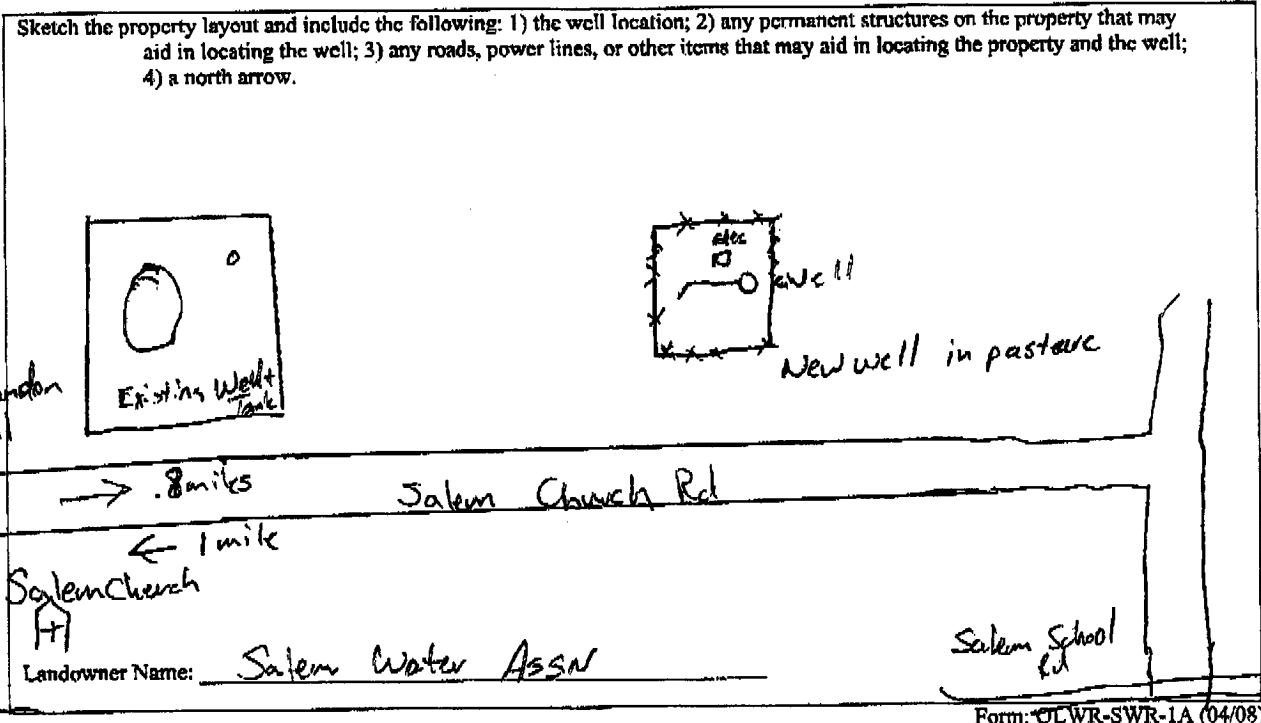
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top soil to sand	Ground Level	40
Clay soft	40	120
Shale w/ sandy streaks	120	210
Sandy with shale streaks	210	440
Clay with shale streaks	440	660
Sandy	660	690
Clay	690	905
Sand	905	1000

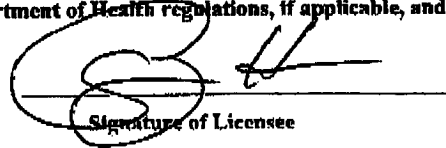
If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08) HW 84

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

Ryan Herndon 0-700 1-10-11  
Print Name of Responsible Licensee and License No. Date

  
Signature of Licensee

# STATE WELL REPORT

Country: Covington  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 12-2010  
*Copy information from block on Part 1*

**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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 60066  
 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>Salem Water Association</u>	Latitude: <u>31° 40' 43 N</u> Longitude: <u>89 31 58 W</u>
Mailing Address: <u>1212 Salem Church Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Collins</u> MS <u>39428</u> City State Zip Code	USGS quad _____ <u>(Hand-held GPS)</u> Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>8</u> T <u>8 N</u> R <u>15 W</u>
	Distance Direction Nearest Town
	<u>1</u> Miles <u>NE</u> of <u>Collins</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>50</u>
Date Pump Installed: <u>10-27-2010</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>394</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-27-2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>214</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>249</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>394</u> GPM with a drawdown of
Test Pumping Rate: <u>394</u> Gallons Per Minute	<u>35</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.

Ryan Herndon      0-700  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer