

State Well Report

Part I

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)

County: Columbia
 Permit #: GW17035
 Driller: A-1 Drilling Serv.
 Date drilling completed: 12-5-12

For Office Use Only:
 Aquifer: _____
 Well #: G76
 L. S. Elevation: _____
 E-log #: _____

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>Trans Mountain Pipeline</u>	Latitude: <u>31.38.28</u> Longitude: <u>89.31.12.07</u>
Mailing Address: <u>P.O. Box 689</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Paris</u> <u>Miss.</u> <u>39475</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW</u> <u>NW</u> <u>1/4</u> Sec <u>20</u> Twn <u>R N</u> Rng <u>15 W</u>
Telephone No. <u>(601) 299-1458</u>	<u>SW</u> <u>SW</u> <u>21</u>
	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <u>E</u> of <u>Collins, Ms.</u>

Well Data

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

Date well drilling started: 11-13-12 Date well drilling completed: 12-5-12

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

Static Water Level: 157 1/2 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 400' Well depth: 284 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 244 feet Casing diameter: 6 inches Type of casing: Black Steel

Screen length: 40 feet Screen diameter: 6 inches Type of screen: Bar well SS

Screen slot size: .006 inches Setting depth: From 244 feet to 284 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: _____ 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): Ms. DEQ

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.

Mike Baughman 587 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Covington
 Permit #: _____
 Driller: A-DELGERS
 Date completed: 12-5-12

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:
 Aquifer: _____
 Well #: 676
 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>Trans Montaine Pipeline</u>	Latitude: <u>31° 38' 29" N</u> Longitude: <u>99° 31' 12" W</u>
Mailing Address: <u>P.O. Box 689</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Purvis</u> <u>Ms</u> <u>39475</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>NA</u> 1/4 Sec <u>20</u> Twn <u>8N</u> Rng <u>15W</u>
Telephone No. <u>(601) 299-1458</u>	SE SE Direction Nearest Town
	_____ Miles _____ of _____

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>30</u>
Date Pump Installed: <u>11-30-12</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>157 1/2</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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