

County: Holmes
 Permit #: GW16970
 Driller: PARKS & PARKS
 Date drilling completed: 5/3/13

State Well Report
Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box ~~40631~~ 2309
 Jackson, MS ~~39289-0631~~
 (601)961-5210 39225
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: B52
 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>TOWN OF CRUGER</u>	Latitude: <u>33° 19' 16N</u> Longitude: <u>90° 14' 10W</u>
Mailing Address: <u>P.O. Box 214</u> <u>CRUGER, MS 38924</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 19</u> Twn <u>17N</u> Rng <u>1E</u>
Telephone No. (____) _____	Distance _____ Miles _____ Direction _____ of <u>CRUGER</u> Nearest Town

Well / Borehole Data

Date drilling started: 12/10/12 Date drilling completed: 5/3/13 Hole depth: 1114 Hole diameter: 10x6

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: SAPM

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

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 VALVE Other (describe) _____

Static Water Level: +7' feet above or below (circle one) land surface Date measured: 5/15/13

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

Well depth: 1114 Well grouted to a depth of 1114 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1047 feet Casing diameter: 10 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 6 inches Type of screen: STAINLESS

Screen slot size: .016 inches Setting depth: From 1054 feet to 1114 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: 924 feet. *If telescoped or more than one screen, describe on next page*

RECEIVED DEQ-OLWR-1A

JUN 05 2013

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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: B52
 Elevation: _____

County: Holmes
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 5/3/13
Copy information from block on Part 1

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>Town of Cruger</u>	Latitude: <u>33° 19' 16N</u> Longitude: <u>90° 14' 10W</u>
Mailing Address: <u>P.O. Box 214</u> <u>CRUGER, MS 38924</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec <u>19 17N R 1E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>CRUGER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<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>5/29/13</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/10/13</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>7</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of _____
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Ryanburn Parks 0414
 Print Name of Pump Installer and License No. (if applicable)

Ryanburn Parks
 Signature of Pump Installer

RECEIVED
 JUN 05 2013
 Form OLWR 5401B

BY: OLWR