

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: Itawamba
Permit #: _____
Driller: Keith Campbell
Date drilling completed: 4/9/10

For Office Use Only:
Aquifer: C 20
Well #: _____
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>Northeast Itawamba Water</u>	Latitude: <u>34° 27.00'</u> Longitude: <u>88° 10' 08"</u>
Mailing Address: <u>338 Salem Church</u> <u>Golden, Ms 38847</u>	Method of Lat/Long (circle one): Conventional Survey,
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 585-3480</u>	<u>1/4 Sec 20</u> Twn <u>7S</u> Rng <u>10E</u>
	Distance _____ Direction _____ Nearest Town <u>Belmont</u> Miles _____ of <u>Behind Cemetery on Ridge Rd.</u>

Well / Borehole Data

Date drilling started: 4/9/10 Date drilling completed: 4/9/10 Hole depth: 270 Hole diameter: 4

Location of the source of any surface water used for drilling: Water from fire hydrant on Ridge Rd.

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): _____

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: 153 feet above or below (circle one) land surface Date measured: 4/12/10

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

Well depth: 270 Well grouted to a depth of 230 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 240 feet to 270 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 next page**

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

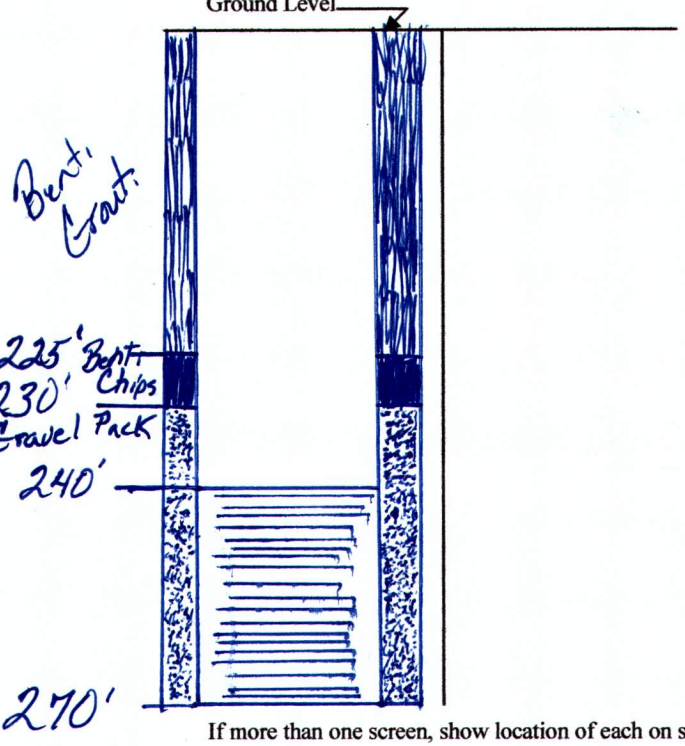
RECEIVED
SEP 23 2010
BY: OLWR

C20

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

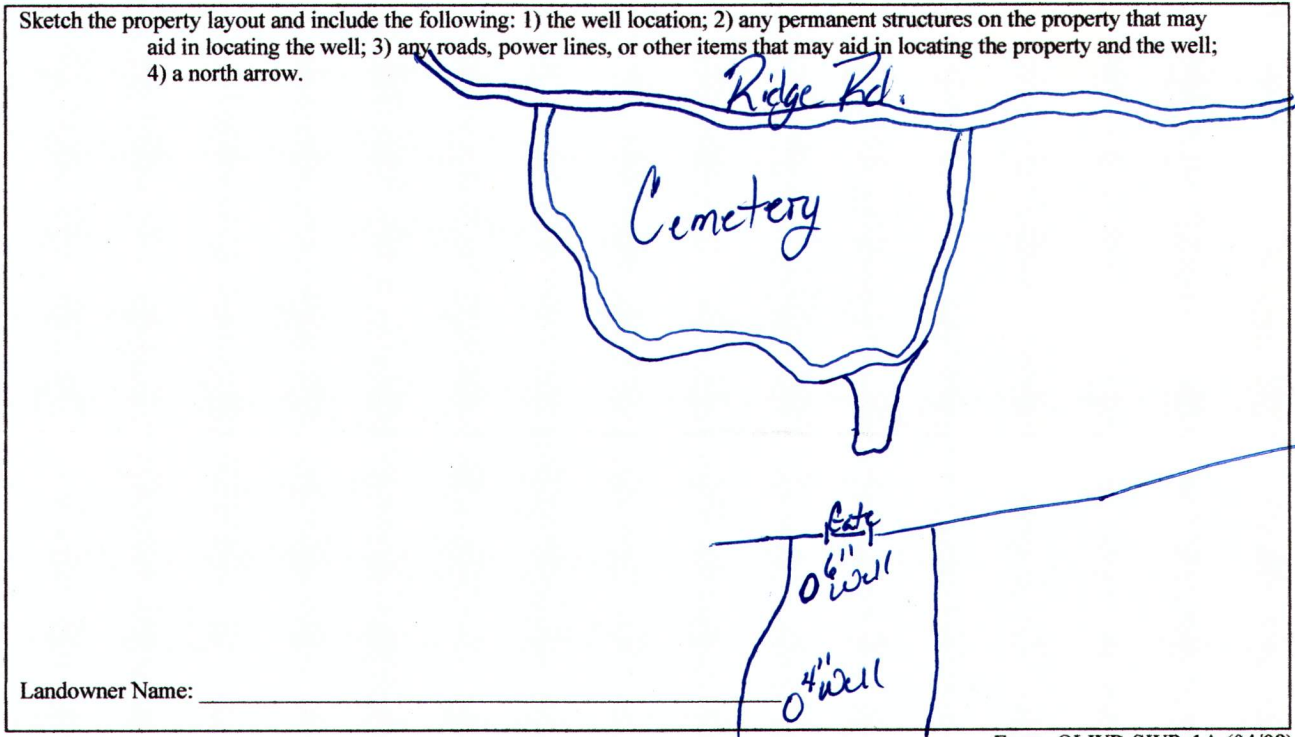
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand little Gravel	Ground Level	30
Red Clay	30	35
Fine Sand Strips of Clay	35	60
Fine Sand	60	68
Sand Rock	68	70
Gray Clay (Blue Tint)	70	100
Clay Sand Mix	100	105
Sand Small Gravel	105	120
loose formation Fine Sand	120	135
Very Hard Sand Rock	135	137
Red Clay at Top/white Clay at Bottom	137	160
Chert Gravel	160	187
Very Hard Sand Rock	187	190
Fine Sand Clay Mix	190	225
Fine Med. Fin Sand	225	260
Medium Sand	260	270
Bed Rock	270	

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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

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.

Keith Campbell 003627 1/15/10

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

RECEIVED

SEP 23 2011

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)

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

County: Itawamba
 Permit #: _____
 Driller: Keith Campbell
 Date completed: 4/9/10
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>Northeast Itawamba Water</u>	Latitude: <u>34 27 00</u> Longitude: <u>88 10 08</u>
Mailing Address: <u>338 Salem Church</u> <u>Golden, Ms. 38847</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City State Zip Code	Distance _____ Miles Direction _____ Nearest Town _____ <u>Behind Cemetery on Ridge Rd.</u>
Telephone No. <u>(662) 585-3480</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	<u>Diesel Engine</u> 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>370</u>
Date Pump Installed: <u>4/22/10</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>48</u> Gallons Per Minute	Number of Stages: <u>55 to 50</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/22/10</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>154.6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>230</u> 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: <u>48</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Keith Campbell 003627 Keith Campbell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1C (07-09) SET 10 2010

BY: OLWR