

0310011-04

County: Jasper
 Permit #: GLW16959
 Driller: Aldric Jones
 Date drilling completed: 3-7-13

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 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: D42
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Rose Hill Water Association, Inc</u>	Latitude: <u>32 08 41</u> Longitude: <u>88 58 37</u>
Mailing Address: <u>P.O. Box 138</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS Quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Rose Hill</u> <u>MS</u> <u>39356</u> City State Zip Code	<u>SE 1/4 NW 1/4, sec 33 T 4N R 13E</u> <u>4.96</u> Miles <u>SW</u> of <u>Rose Hill</u> (Distance) (Direction) (Nearest Town)
Telephone No. (601) <u>824-7569</u>	

Well / Borehole Data

Date drilling started: 1-10-13 Date drilling completed: 3-7-13 Hole depth: 1894 Hole diameter: 33"

Location of the source of any surface water used for drilling: Rose Hill Association water used for drilling

Method of dosing and volume of Chlorine used in drilling and development: 30lb HTH used in development

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Mississippi Office of Geology

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

Static Water Level: 177 feet (above or below land surface Date measured: 6-14-13
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 1843' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1785 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .030 inches Setting depth: From 1785' feet to 1835' feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 1705 feet

If telescoped or more than one screen, describe on next page

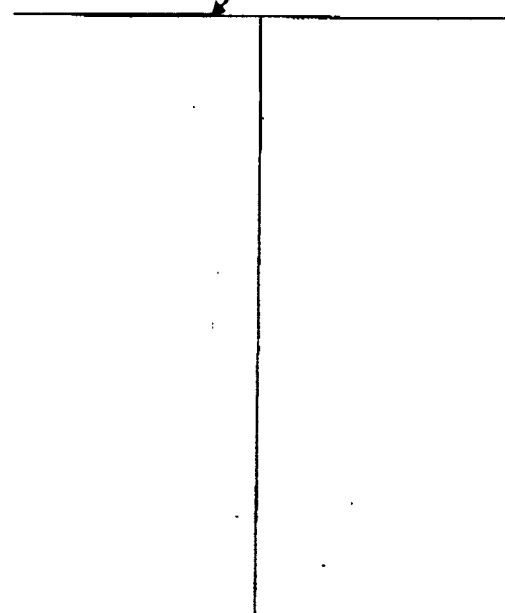
County: Jasper
 Permit #: _____

For Office Use Only:
 Well #: D42

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



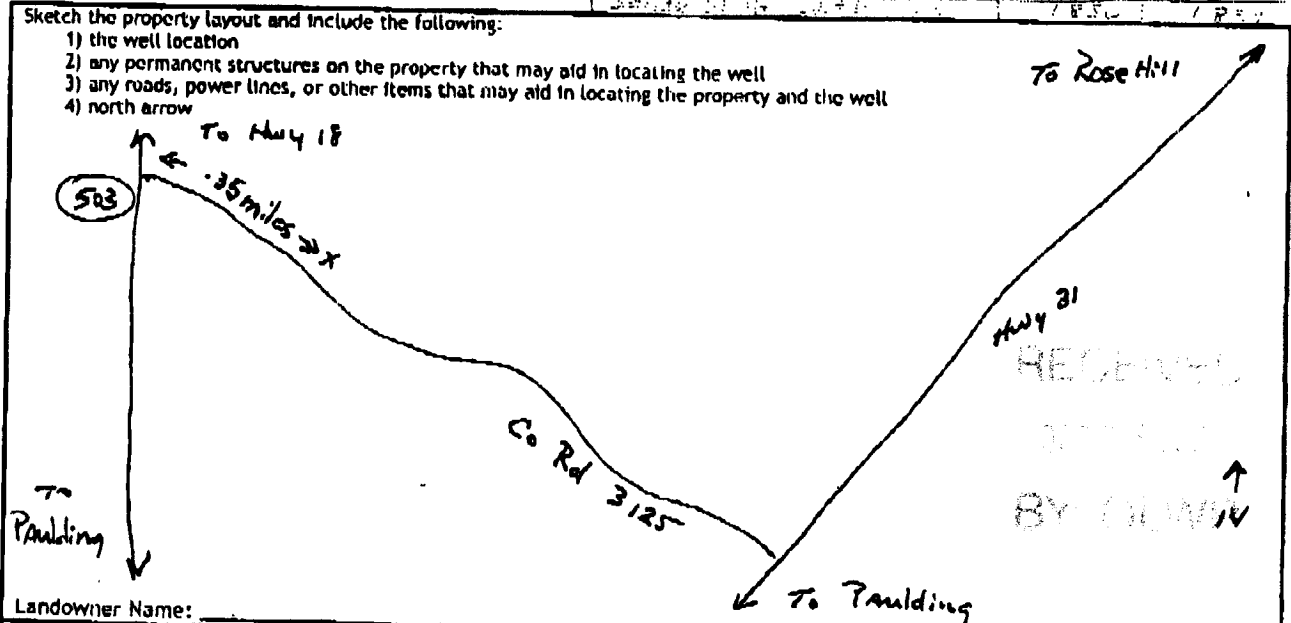
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	30
CLAY	30	35
CLAY	35	40
ROCK	40	40.5
SHALE	40.5	41
CLAY	41	42.5
CLAY	42.5	43
CLAY WITH SAND	43	44
ROCK	44	45
SHALE WITH SAND	45	46
CLAY	46	47
CLAY WITH SAND	47	48
SHALE WITH SAND	48	49
SHALE	49	50
SHALE WITH SAND	50	51
SHALE	51	52
SHALE WITH SAND	52	53
ROCK	53	54
SHALE WITH SAND	54	55
ROCK	55	56
SHALE WITH SAND	56	57
CLAY WITH SAND	57	58
ROCK	58	59
CLAY WITH SAND	59	60
CLAY WITH SAND	60	61
CLAY WITH SAND	61	62
CLAY WITH SAND	62	63
CLAY WITH SAND	63	64
CLAY WITH SAND	64	65
CLAY WITH SAND	65	66
CLAY WITH SAND	66	67
CLAY WITH SAND	67	68
CLAY WITH SAND	68	69
CLAY WITH SAND	69	70
CLAY WITH SAND	70	71
CLAY WITH SAND	71	72
CLAY WITH SAND	72	73
CLAY WITH SAND	73	74
CLAY WITH SAND	74	75
CLAY WITH SAND	75	76
CLAY WITH SAND	76	77
CLAY WITH SAND	77	78
CLAY WITH SAND	78	79
CLAY WITH SAND	79	80
CLAY WITH SAND	80	81
CLAY WITH SAND	81	82
CLAY WITH SAND	82	83
CLAY WITH SAND	83	84
CLAY WITH SAND	84	85
CLAY WITH SAND	85	86
CLAY WITH SAND	86	87
CLAY WITH SAND	87	88
CLAY WITH SAND	88	89
CLAY WITH SAND	89	90
CLAY WITH SAND	90	91
CLAY WITH SAND	91	92
CLAY WITH SAND	92	93
CLAY WITH SAND	93	94
CLAY WITH SAND	94	95
CLAY WITH SAND	95	96
CLAY WITH SAND	96	97
CLAY WITH SAND	97	98
CLAY WITH SAND	98	99
CLAY WITH SAND	99	100

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) north arrow



Landowner Name: _____

I HEREBY 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.

Clayton Miller 0-703 9-27-13 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: D42

Aquifer: _____

County: Jasper
 Permit #: _____
 Driller: Michael Wells
 Date completed: 6-14-13
 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>Rose Hill Water Association, Inc</u>			Latitude: <u>32° 08' 41"</u>	Longitude: <u>88° 58' 37"</u>
Mailing Address: <u>P.O. Box 138</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>Rose Hill</u> <u>MS</u> <u>39356</u> City State Zip Code			USGS quad _____ Hand-held GPS <u>X</u> , Survey-grade GPS _____	
Telephone No. <u>(601) 824-7569</u>			<u>SE 1/4 NW 1/4</u> , Sec <u>33</u> , T. <u>4N</u> R. <u>13E</u> <u>4.96</u> Miles <u>SW</u> of <u>Rose Hill</u> (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

Submersible Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-14-13 Rated Pump Capacity: 500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 7.5 Setting Depth: 280 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 9-17-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 128 Feet Below Land Surface Pumping Water Level (B): 209 Feet Below Land Surface

Drawdown [(B) - (A)]: 31 Feet Below Land Surface Test Pumping Rate: 528 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: 346.5 feet.

Well yielded 521 GPM with a drawdown of 39 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 0131246-05-

Meter Model Number/Name: M06 Type of Meter: Flanged Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000

Installation Date: 6-14-13 Meter Installed by: Mid-South Water & Machine Works, LLC

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Clayton Miller 0-703 9-27-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer