

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 #: _____
Aquifer: A36
E-Log #: _____

County: Lee
Permit #: MS-GW-17112
Driller: Donald Smith Co., Inc.
Date drilling completed: 10/07/14

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.

Location
Field Verified
John Banks

<p>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>No Lee Co Water Assoc</u></p> <p>Mailing Address: <u>1004 Birmingham Ridge Rd</u> <u>(Hwy 348 site)</u> <u>Saltillo, MS 38866</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. (____) _____</p>	<p>Well or Borehole Location <u>46.2</u></p> <p>Latitude: <u>34° 27' ^{13.2} 12.82 N</u> Longitude: <u>88° 43' 46.44 W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u>, Survey-grade GPS _____</p> <p><u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec. <u>24</u> T. <u>07S</u> R. <u>05E</u></p> <p>_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 7/22/14 Date drilling completed: 10/07/14 Hole depth: 635 Hole diameter: 9 7/8"

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: Potable Water used

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

Name of organization running log(s): Donald Smith Company, Inc.

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) _____

Static Water Level: 139.6 feet [above or below] land surface Date measured: 10/08/14
(circle one)

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

Well depth: 528' Well grouted to a depth of: 450 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 450 feet Casing diameter: 12 inches Type of casing: Carbon Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 452' feet to 482' feet to 528' feet
Blank from 482' - 498'

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

Other (describe): _____

Top of lap pipe or reduction in casing: 392 feet

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

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STATE WELL REPORT

Part 2

County: Lee
 Permit #: MS-GW-17112
 Driller: Donald Smith Co.
 Date completed: _____
Copy information from block on Part 1

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 #: A36
 Aquifer: _____

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>No Lee Co. Water Assoc</u>			Latitude: <u>34° 27' 12.82" N</u>	Longitude: <u>88° 43' 46.2" W</u>
Mailing Address: <u>1004 Birmingham Ridge Rd</u> <u>(Hwy 348 Site)</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>Saltville</u>	<u>MS</u>	<u>38866</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City	State	Zip Code	<u>SE 1/4 SW 1/4, Sec 24 T. 07S R. 05E</u>	
Telephone No. (____) _____			Miles _____ of _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11/12/14 Rated Pump Capacity: 300 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: 50 Setting Depth: 360 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 05/06/15 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 136 Feet Below Land Surface Pumping Water Level (B): 331.48 Feet Below Land Surface

Drawdown [(B) - (A)]: 195.48 Feet Below Land Surface Test Pumping Rate: 32.0 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: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: 6" Octave Water Meter Type of Meter: Propellar

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

Installation Date: 1/13/15 Meter installed by: Donald Smith Co.

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.

Robert L. Young UNR-5671 5/29/15 Robert L. Young
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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