

STATE WELL REPORT

Part I

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)

County: Lee
Permit #: MS-GW-17111
Driller: Donald Smith Co., Inc.
Date drilling completed: 12/29/14

For Office Use Only:

Well #: H-146
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>North Lee Co. W.A.</u>	Latitude: <u>34°17'35"N</u> Longitude: <u>88°37'59"W</u>
Mailing Address: <u>1004 Birmingham Ridge Rd</u> <u>"Auburn Site"</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saltillo</u> <u>MS</u> <u>38866</u>	<u>NE 1/4 NE 1/4, Sec 23 T. 9S R. 6E</u>
City State Zip Code	<u>3</u> Miles <u>East</u> of <u>Tupelo</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Location field verified by [Signature]

Well / Borehole Data

Date drilling started: 11/19/14 Date drilling completed: 12/29/14 Hole depth: 445' 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): MS 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) _____

Static Water Level: 168' feet (above or below land surface) Date measured: 12/29/14
(circle one)

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

Well depth: 410' Well grouted to a depth of: 325' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 320' feet Casing diameter: 12" inches Type of casing: Carbon Steel

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

Screen slot size: .020 inches Setting depth: From 335' 325' feet to 410' feet w/ 25' Blank

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

Other (describe): _____

Top of lap pipe or reduction in casing: 320' feet

Split screen

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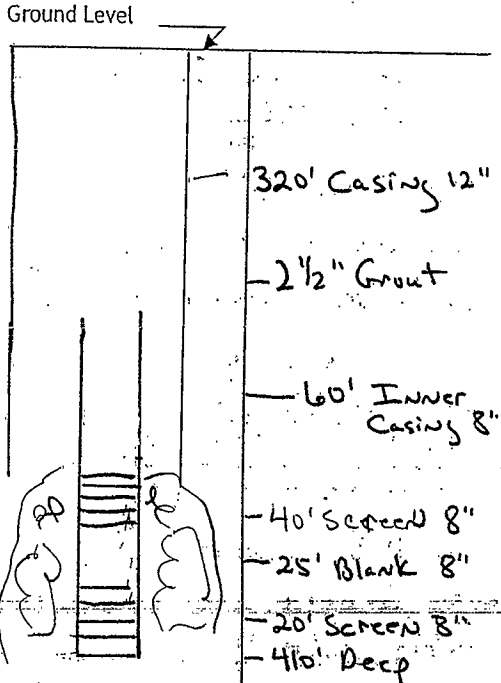
If telescoped or more than one screen, describe on next page

MSDH # 0410001-03

County: Lee
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The sketch below only required for water wells
 If well telescopes, show depths on sketch.

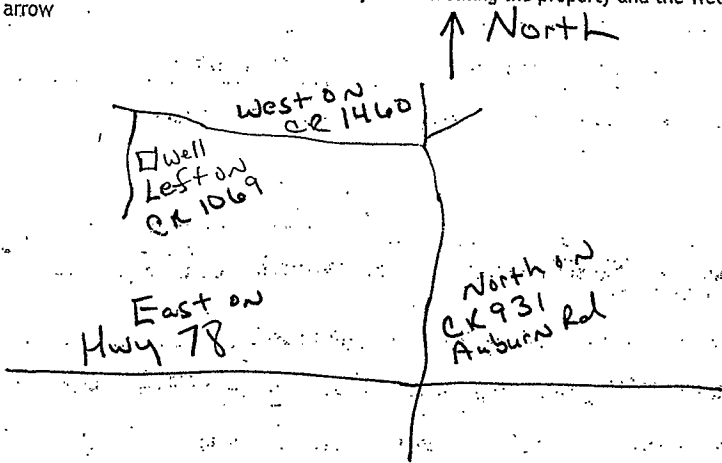


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red Sandy Clay	Ground level	12'
Blue Clay w/ Sand Strks.	12'	65'
Blue Clay	65'	75'
Blue Clay w/ Sand Strks.	75'	118'
Blue Clay	118'	222'
Sand & Clay Strks	222'	283'
Blue Clay	283'	323'
Sand	323'	365'
Blue Clay	365'	390'
Sand	390'	428'
Blue Clay	428'	445'

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: North Lee County Water Assoc.

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.

Robert L. Young UNR-5671 5/29/15 Robert L. Young
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: Lee
 Permit #: MS-GW-17111
 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 #: _____
 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>North Lee Co. Water Assoc</u>	Latitude: <u>34 17 35N</u> Longitude: <u>88 37 59 W</u>
Mailing Address: <u>1004 Birmingham Ridge Rd</u> <u>"Anburn Site"</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saltillo,</u> <u>MS</u> <u>38866</u> City State Zip Code	_____ 1/4 _____ 1/4, Sec <u>23</u> T. <u>9S</u> R. <u>6E</u>
Telephone No. (____) _____	<u>3</u> Miles <u>East</u> of <u>Tupelo</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 3/31/15 Rated Pump Capacity: 400 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: 40 Setting Depth: 294 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 6/25/15 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 170' Feet Below Land Surface Pumping Water Level (B): 65 Feet Below Land Surface

Drawdown [(B) - (A)]: 105' Feet Below Land Surface Test Pumping Rate: 257 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: Propeller

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

Installation Date: 4/17/15 Meter installed by: Donald Smith Co.

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that it meets standards. For agricultural wells, a list of approved meters is available.

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

Robert L. Young UNR-5671 10/15/15
 Print Name of Pump Installer and License No. (if applicable) Date

Rec'd 2/7/17