

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 #: H127 H122
Aquifer: _____
E-Log #: _____

County: Copiah Lincoln
Permit #: SW10937
Driller: Water Well Services
Date drilling completed: 11-1-13

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>City of Brookhaven</u>	Latitude: <u>31 36 01N</u> Longitude: <u>90 24 53W</u>
Mailing Address: <u>P.O. Box 564</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Community Safe Room</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Brookhaven</u> <u>MS</u> <u>3960</u>	<u>SW 1/4 NE 1/4</u> , Sec <u>5</u> T <u>7N</u> R <u>8E</u>
City State Zip Code	<u>SE</u> Miles <u>SE</u> of <u>Brookhaven</u>
Telephone No. <u>(601) 833-1414</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-20-13 Date drilling completed: 11-1-13 Hole depth: 500 Hole diameter: 12"

Location of the source of any surface water used for drilling: City water

Method of dosing and volume of Chlorine used in drilling and development: none

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

Name of organization running log(s): State Logger H-0122

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: 166.26 feet [above or below] land surface Date measured: 11-1-13
(circle one)

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

Well depth: 275 Well grouted to a depth of: 265 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 265 feet Casing diameter: 6 5/8 inches Type of casing: Steel

Screen length: 20 feet Screen diameter: 4 inches Type of screen: S.S.

Screen slot size: 0.008 inches Setting depth: From 265 feet to 275 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 245 feet

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

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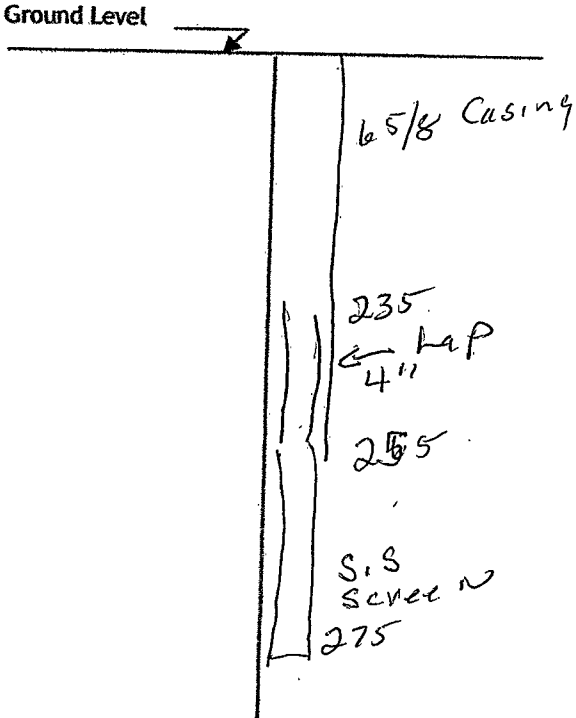
County: Capitan Lincoln
 Permit #: GW 16937

For Office Use Only:
 Well #: H122

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

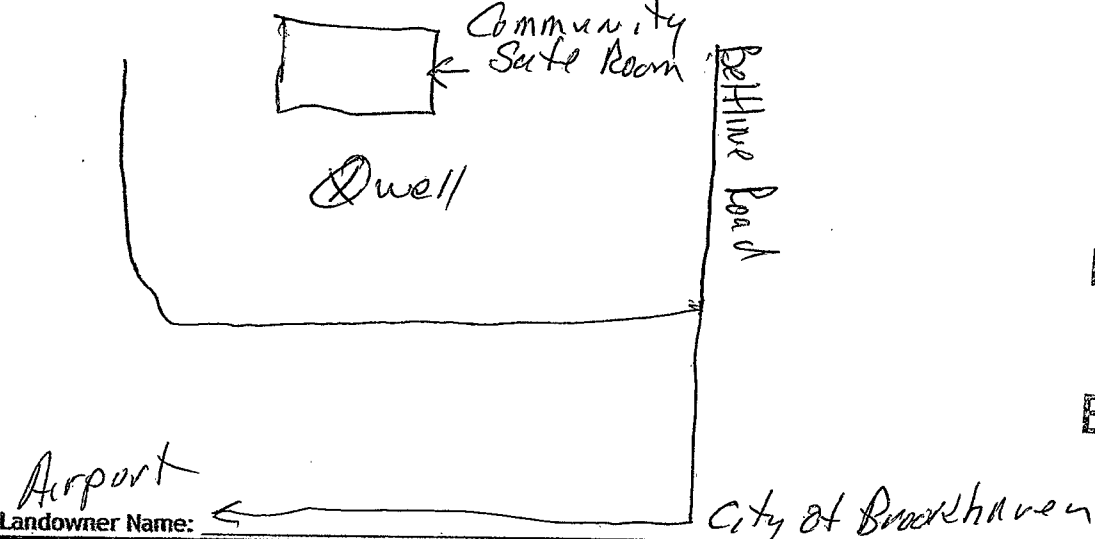
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Surface sand	Ground level	75
Clay	75	115
Sand	115	145
Sandy clay	145	240
Sand	240	275
clay	275	500

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



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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.

Arnold Fincher SR 0598 12-1-13 Arnold Fincher
 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 #: #122
 Aquifer: _____

County: Copiah Lincoln
 Permit #: GW 16937
 Driller: Water Well Services
 Date completed: 11-10-13
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>City of Brookhaven</u>	Latitude: <u>31 36 01 N</u> Longitude: <u>90 24 53 W</u>
Mailing Address: <u>P.O. Box 560</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Community Safe Room</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Brookhaven, MS 39601</u>	<u>SW 1/4 NE 1/4, Sec 85 T 37N R 8E</u>
City _____ State _____ Zip Code _____	<u>8</u> Miles <u>SE</u> of <u>Brookhaven</u>
Telephone No. <u>(601) 833-1414</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Pump Type (circle one)

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

Date Pump Installed: 11-5-13 Rated Pump Capacity: 60 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 1/2 Setting Depth: 250 feet Number of Stages: 13

Pump Test Data for Non Flowing Well

Date Well Tested: 11-1-13 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 166.26 Feet Below Land Surface Pumping Water Level (B): 217.47 Feet Below Land Surface

Drawdown [(B) - (A)]: 51.26 Feet Below Land Surface Test Pumping Rate: 80 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: Water Specialties Meter Serial Number: 20131665

Meter Model Number/Name: ML-04-02 Type of Meter: Turbine

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Gal x 100

Installation Date: 11-21-13 Meter installed by: Water Well Services

Is This Meter (circle one): New Repaired Replacement

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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.

Arnold Fincher sr 0598 12-1-13 Arnold Fincher

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____