

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Lowndes
Permit #: GW-16229
Driller: James Kirk
Date drilling completed: 8-7-06

For Office Use Only:
Aquifer: MSSV
Well #: F-96
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Prarie Land Lowndes County Water Assoc</u>	Latitude: ³³ 32 ° 28 ' 50N" Longitude: <u>88</u> ° 30 ' 23W"
Mailing Address: <u>150 Artesia Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: <u>Columbus</u> MS State: <u>MS</u> Zip Code: <u>39701</u>	<u>SE 1/4 SW 1/4</u> Sec <u>27</u> Twn <u>19N</u> Rng <u>17E</u>
Telephone No. () _____	Distance: <u>8</u> Miles Direction: <u>west</u> of Nearest Town: <u>Columbus</u>

Well / Borehole Data

Date drilling started: 5-13-06 Date drilling completed: 8-7-06 Hole depth: 1342' Hole diameter: 4 7/8"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: Pumped 15gals.

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

Name of organization running log(s): MS DEQ

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: 75 feet above or below (circle one) land surface Date measured: 9/28/06

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

Well depth: 1330 Well grouted to a depth of 1245 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 1245 feet Casing diameter: 12 inches Type of casing: Coated

Screen length: 80 feet Screen diameter: 8 inches Type of screen: Johnson / Stainless

Screen slot size: 0.020 inches Setting depth: From 1250 feet to 1330 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: 1190 feet. *If telescoped or more than one screen, describe on next page*

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Louides
 Permit #: _____
 Driller: Donald Smith Co
 Date completed: 4/10/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-96
 Elevation: _____

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>Louides Co. Water Assn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>150 Artesia Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus MS 39701</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>27</u> T <u>19N</u> R <u>17E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>West</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>2/6/2007</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>750</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/4/2007</u>	<u>Air Line</u> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>81</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>134</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>53</u> Feet Below Land Surface	Well yielded <u>784</u> GPM with a drawdown of
Test Pumping Rate: <u>784</u> Gallons Per Minute	<u>53</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Donald E Smith 0-767 Donald E Smith **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-2-SWR00B
BY: OLWR