

0480011-07

County: Monroe  
 Permit #: MS-GW-16938  
 Driller: Donald Smith Co.  
 Date drilling completed: 12/18/12

**State Well Report**  
**Part I - 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J29  
 L. S. Elevation: 445'  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Quincy Water Assoc</u>        Mailing Address: <u>51620 Hwy 278 E</u>  <u>Amory</u> <u>MS</u> <u>38821</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 54' 43N</u> Longitude: <u>88° 21' 54W</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS  <u>SE 1/4 NW 1/4 Sec 30 Twn 13S Rng 17W</u>        Distance Direction Nearest Town  <u>5</u> Miles <u>E</u> of <u>Amory, MS</u></p>
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**Well / Borehole Data**

Date drilling started: 6/20/12 Date drilling completed: 12/18/12 Hole depth: 460' Hole diameter: 17 1/2"

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 Geo

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: 209 feet above or below (circle one) land surface Date measured: 12/13/12

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

Well depth: 430 Well grouted to a depth of 385 feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 385 feet Casing diameter: 12 inches Type of casing: Steel coated id

Screen length: 40 feet Screen diameter: 8" inches Type of screen: SS

Screen slot size: .030 inches Setting depth: From 390 feet to 430 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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 Form: OLWR-SWR-1A  
 JAN 25 2013  
 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: Monroe  
 Permit #: MS-GW-16938  
 Driller: Donald Smith Co.  
 Date completed: 7/17/13  
*Copy information from block on Part I*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 529  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>Quincy Water Assoc</u>	Latitude: <u>33°54'43N</u> Longitude: <u>88°21'54W</u>
Mailing Address: <u>51620 Hwy 278 E</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Amory</u> <u>MS</u> <u>38821</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T <u>13S</u> R <u>17W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>Amory, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>6/17/13</u>	Setting Depth: <u>342</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>209</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>310</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>101</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>503</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

Robert L. Young, Jr. UWR-5671  
 Print Name of Pump Installer and License No. (if applicable)

Robert Young Jr  
 Signature of Pump Installer

RECEIVED  
 7/23/13  
 BY: OLWR