

097

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)

County: Montgomery
 Permit #: CW17008
 Driller: James M. Kitchens
 Date drilling completed: 4/25/2013

For Office Use Only:
 Well #: T 37
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>South Winona Water Association</u>	Latitude: <u>N33 27' 52.80" 50"</u> Longitude: <u>W89 41' 52.46" 50"</u>
Mailing Address: <u>723 Enterprise Drive</u>	Method of Lat/Long (check one): Conventional Survey, _____ USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City <u>Winona</u> State <u>MS</u> <u>ZC</u> <u>38967</u>	<u>SE</u> 1/4 <u>NE</u> 1/4, Sec <u>56</u> T <u>18N</u> R <u>6E</u>
Telephone No. <u>662-283-2333</u>	<u>3</u> Miles <u>South</u> of <u>Winona</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2-18-13 Date drilling completed: 4-25-13 Hole depth: 907' Hole diameter: 17"

Location of the source of any surface water used for drilling: Fire hydrant on road

Method of dosing and volume of Chlorine used in drilling and development: 15 gallons poured through top

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

Name of organization running log(s): Layne Christensen Company

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: 158 Feet [Above or Below] Land surface Date measured: 4-23-13
(circle one)

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

Well depth: 885' Well grouted to a depth of 825 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 825 Feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 50 Feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .025 Setting depth: From 830 feet to 880 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 765 feet

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

Form: OLWR-SWR-1A (4/13)

MSD## 0490008-04

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APR 25 2013

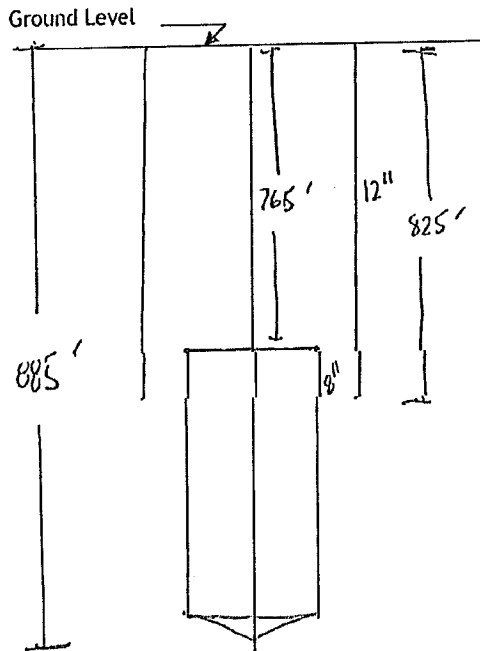
BY: OLWR

County: Montgomery
 Permit #: GW 17008

For Office Use Only:
 Well #: J37

The sketch below only required for water wells

If well telescopes, show depths on sketch.



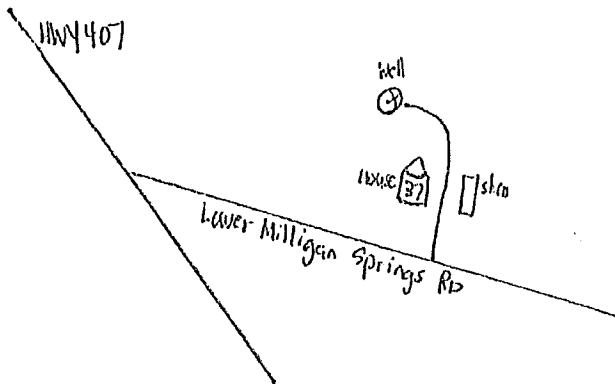
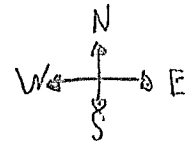
If more than one screen, show location of each on sketch

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	70
Gray sand with clay	70	80
Rock	80	82
Clay	82	100
Shale	100	120
Clay and hard shale	120	143
Clay and sandy shale	143	236
Shale and clay	236	296
Soft clay	296	328
Clay with shale streaks	328	358
Sandy clay	358	421
Clay	421	515
Clay and hard shale streaks	515	567
Clay	567	599
Clay and lignite	599	628
Clay	628	690
Rock and clay	690	750
Sandy shale and rock	750	781
Sand	781	907

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: South Winona Water Association

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.

Jace Rawls - 0-4688

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

Jace Rawls

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Form: OLWR-SWR-1A(4/13)

BY: OLWR

097

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 #: J37
 Aquifer: _____

County: Montgomery
 Permit #: GW 17008
 Driller: James M. Kitchens
 Date drilling completed: 4-25-13

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>South Winona Water Association</u>	Latitude: <u>N33 27' 12.80"</u>	Longitude: <u>W89 41' 57.46"</u>	<u>58</u>
Mailing Address: <u>723 Enterprise Drive</u>	Method of Lat/Long (check one): Conventional Survey, _____		
City <u>Winona</u> State <u>MS</u> ZC <u>38967</u>	USGS Quad <u>SE 1/4</u>	Hand-held GPS _____	X Survey-grade GPS _____
Telephone No. <u>662-283-2333</u>	<u>3</u> Miles <u>NE</u> of <u>76</u> T <u>18N</u> R <u>6E</u>	_____	_____
	(Distance)	(Direction)	(Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-27-2013 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: 240' Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 1-31-2014 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 159.60 Feet Below Land Surface Pumping Water Level (B): 176.5 Feet Below Land Surface

Drawdown [(B) - (A)]: 16.9 Feet Below Land Surface Test Pumping Rate: 312 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: N/A feet

Well yielded 312 GPM with a drawdown of 16.9 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: Mc Crometer Meter Serial Number: _____

Meter Model Number/Name: UM-06 Type of Meter: Electromagnetic Flowmeter

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

Installation Date: 8-27-2013 Meter installed by: Bob Ratliff

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.

Bob Ratliff 1-31-2014 Bob Ratliff
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer