

097

STATE WELL REPORT

County: Montgomery
 Permit #: 6017007
 Driller: Sean Roy
 Date drilling completed: 6/10/2013

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 #: J38
 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' 16" ¹⁷</u> Longitude: <u>W89 42' 17" ¹⁸</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 _____ Hand-held GPS _____ X Survey-grade GPS _____
Telephone No. <u>662-283-2333</u>	<u>SW 1/4</u> <u>NE 1/4</u> , Sec <u>6</u> T <u>18N</u> R <u>6E</u>
	<u>3</u> Miles South of <u>Winona</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-15-13 Date drilling completed: 6-10-13 Hole depth: 1090' 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: 198 Feet [Above or Below] Land surface Date measured: 6-10-13
 (circle one)

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

Well depth: 1065 Well grouted to a depth of 1014 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 1014 Feet Casing diameter: 12 inches Type of casing: Steel
 Screen length: 40 Feet Screen diameter: 8 inches Type of screen: Stainless Steel
 Screen slot size: .016 Setting depth: From 1019 feet to 1059 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open Hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: 954 feet

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

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

MSD# 0490008-03

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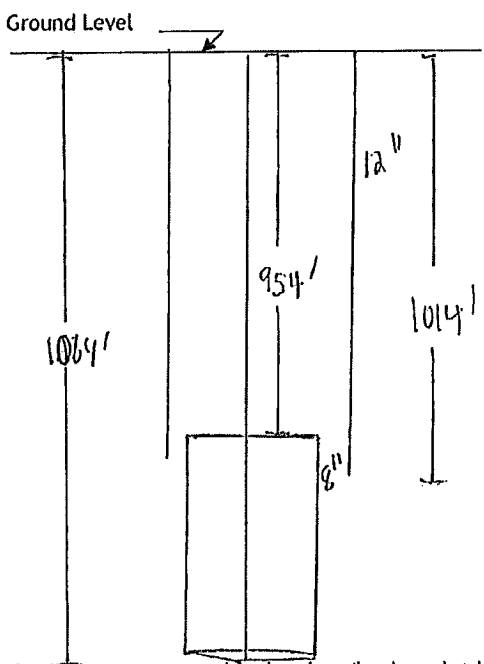
FEB 08 2014

BY: OLWR

County: Montgomery
 Permit #: GW17007

For Office Use Only:
 Well #: J 38

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



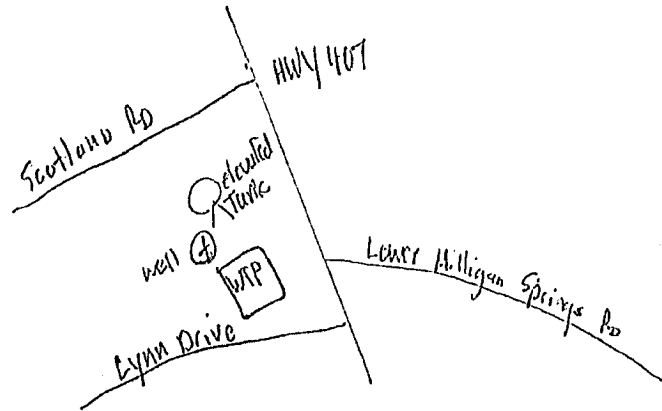
If more than one screen, show location of each on sketch

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)
Clay	Ground level	120
Clay and Sand	120	140
Sand	140	180
Sand and Clay	180	200
Clay and Sand	200	300
Sand	300	320
Clay	320	440
Clay and Sand	440	460
Sand	460	480
Sand and Clay	480	500
Clay	500	580
Clay and Lignite	580	620
Clay	620	680
Clay and Sand	680	700
Clay	700	780
Clay and Lignite	780	820
Clay, Lignite, and Rock	820	900
Clay and Lignite	900	920
Clay	920	1015
Sand	1015	1060
Clay	1060	1110

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:

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]
 Signature of Licensee

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

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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Montgomery
 Permit #: GN 11007
 Driller: Sean Roy
 Date drilling completed: 6-10-13

For Office Use Only:

Well #: J38
 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>South Winona Water Association</u>	Latitude: <u>N33 27' ¹⁷16.90"</u> Longitude: <u>W89 42' ¹⁸17.54"</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>SW</u> ¼ <u>NE</u> ¼, Sec <u>6</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)

Pump Type (circle one)

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

Date Pump Installed: 9-5-2013 Rated Pump Capacity: 200 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: 320' Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 1-28-2014 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 193.35 Feet Below Land Surface Pumping Water Level (B): 252.6 Feet Below Land Surface

Drawdown [(B) - (A)]: 59.25 Feet Below Land Surface Test Pumping Rate: 221 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 221 GPM with a drawdown of 59.25 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: 9-5-2013 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 9-5-2013 Bob Ratliff

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