

501

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 #: J31

Aquifer: _____

E-Log #: _____

County: Neshoba
 Permit #: MS-GW-17198 ✓
 Driller: Donald Smith Co
 Date drilling completed: 4/28/15

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Central Water Assoc.</u>	Latitude: <u>32 43 45N</u> Longitude: <u>89 13 46W</u>
Mailing Address: <u>915 Valley View</u> <u>P.O. Box 33</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Philadelphia, MS</u> <u>39350</u>	<u>NW 1/4 SW 1/4, Sec 12 T 10N R 10E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 4/06/15 Date drilling completed: 4/28/15 Hole depth: 520' Hole diameter: 9 7/8"

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 Geology

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: 18' feet [above or below] land surface Date measured: 5/05/15
(circle one)

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

Well depth: 410' Well grouted to a depth of: 370 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 365 feet Casing diameter: 16 inches Type of casing: Carbon Steel

Screen length: 40 feet Screen diameter: 10" inches Type of screen: Stainless

Screen slot size: .25 inches Setting depth: From 370 feet to 410 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 310 feet

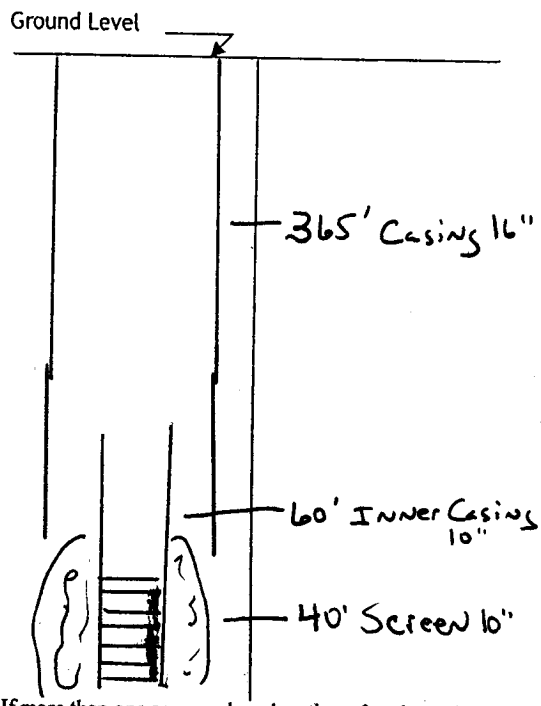
If telescoped or more than one screen, describe on next page

RECEIVED

County: Neshoba
 Permit #: MS-GW-17198

For Office Use Only:
 Well #: J31

The sketch below only required for water wells
If well telescopes, show depths 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 Clay	Ground level	12
Yellow Sand w/ Iron Rock	12	30
Soft + yellow Sand	30	73
Shale w/ STRKS of Sand	73	110
Shale	110	125
Fine Sand + Shale	125	200
More sand less shale	200	240
Clay, Shale w/ Sand (tough)	240	280
Gray Sand + Shale	280	380
Light + Gray Sand + Shale (med)	380	460
Gray Sand, Shale, Lignite	460	495
Sand + Shale w/ Clay STRKS	495	513
Clay, Little Sand (Tough)	513	520

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

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.

Robert L. Young NNR-5671 6/02/15 Robert L. Young
 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)

County: Neshoba
 Permit #: MS-GW-17198
 Driller: Donald Smith Co
 Date completed: 2/04/16
Copy information from block on Part 1

For Office Use Only:

Well #: 531
 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>Central Water Assoc</u>	Latitude: <u>32 43 45 N</u> Longitude: <u>89 13 46 W</u>
Mailing Address: <u>915 Valley View</u> <u>PO Box 33</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Philadelphia</u> <u>MS</u> <u>39350</u> City State Zip Code	<u>NW 1/4 SW 1/4</u> , Sec. <u>12</u> T. <u>10 N</u> R. <u>10 E</u>
Telephone No. () _____	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11/23/2015 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: 30 Setting Depth: 350 feet Number of Stages: 16

Pump Test Data for Non Flowing Well

Date Well Tested: 11/24/2015 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 183 Feet Below Land Surface Pumping Water Level (B): 306.3 Feet Below Land Surface

Drawdown [(B) - (A)]: 123.3 Feet Below Land Surface Test Pumping Rate: 200 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: Octave Meter Serial Number: 965-009-19

Meter Model Number/Name: MM0305E1009 Type of Meter: Ultrasonic

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

Installation Date: 9/17/15 Meter installed by: Donald Smith Company

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.

Robert Young Jr. UNK-5671 2/2/16 Robert Young Jr
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 FEB 04 2016
 BY OLWR

(EDINBURG)

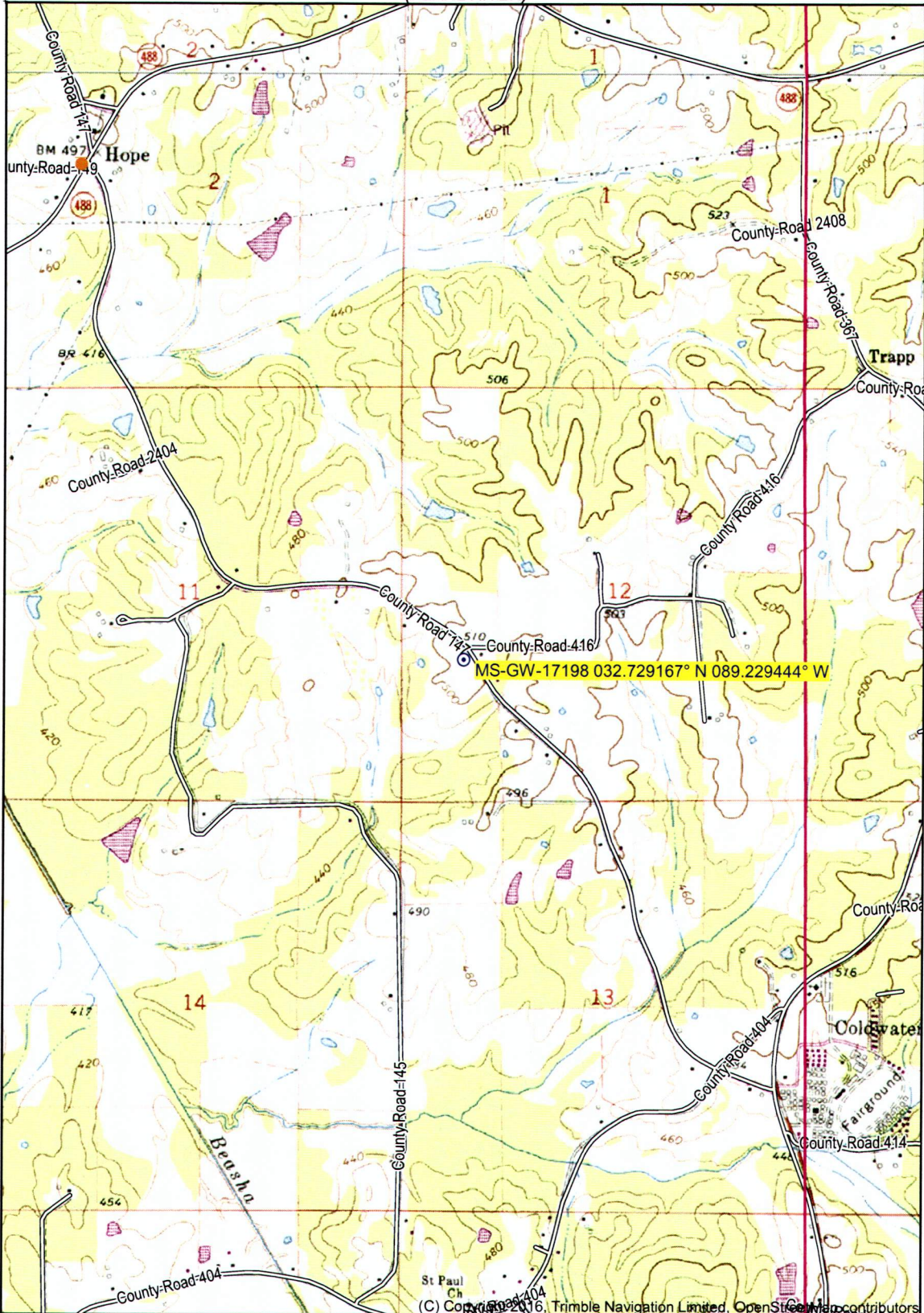


MC DONALD QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES (PHILADELPHIA)

089° 14' 56.2793" W
032° 45' 09.0457" N

(PEARL RIVER)

089° 12' 35.6321" W
032° 45' 09.0457" N



(MADDEN)

(DEEMER)

032° 42' 21.4432" N
089° 14' 56.2793" W

(UNION WEST)
SCALE 1:24000

032° 42' 21.4432" N
089° 12' 35.6321" W

(SEBASTOPOL)

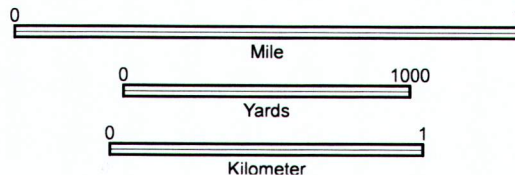
(UNION EAST)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 15M N and
6M W

Declination



CONTOUR INTERVAL 20 FT

32089-F2-TM-024
MC DONALD, MS
JAN 1, 1982



County Road-416

MS-GW-17198 032.729167° N 089.229444° W

County Road-147