

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
 (601)961- 5210
 (601)961- 5228 (fax)

County: Newton
 Permit #: MS-GW-16313
 Driller: Griner Drilling Service
 Date drilling completed: July 31, 2007

For Office Use Only:
 Aquifer: _____
 Well #: D29
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Duffee Water Association</u>	Latitude: <u>32 32 49.04 N</u> Longitude: <u>88 55 33.86 W</u>
Mailing Address: <u>12988 Chunky Duffee Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ⁴⁹ ³⁴
<u>Little Rock MS 39337</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 12</u> ✓ <u>Twn 8N</u> ✓ <u>Rng 13E</u>
Telephone No. <u>(601) 986-9911</u>	Distance <u>10</u> Miles <u>NE</u> of <u>Little Rock</u>

Well / Borehole Data

Date drilling started: 7-02-07 Date drilling completed: 7-31-07 Hole depth: 1000 Hole diameter: 18.5

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Griner Drilling Service, Inc

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: 215 feet above or below land surface Date measured: 9-19-07

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

Well depth: 990' Well grouted to a depth of 840' feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 840 feet Casing diameter: 12.75 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8.625 inches Type of screen: 304 Stainless

Screen slot size: .020 inches Setting depth: From 878 feet to 990' feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole
 Natural Development Other (describe): Stainless Blank from 908'-960'

Top of lap pipe or reduction in casing: 798' feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A/0408
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 BY: OLWR

County: Newton
 Permit #: _____
 Driller: Griner Drilling Service, Inc.
 Date completed: April 8, 2008
Copy information from block on Part 1

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D-29
 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 Owner Name: <u>Duffee Water Association</u> Mailing Address: <u>12988 Duffee Chunky Road</u> <u>Little Rock MS 39337</u> City State Zip Code Telephone No. <u>(601) 986-9911</u>		Well Location Latitude: <u>32 32 49.04N</u> Longitude: <u>88 55 33.86W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/> <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>12</u> T <u>8N</u> R <u>13E</u> Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>Little Rock</u>	
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Pump Type Check one Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>February 29, 2008</u> Rated Pump Capacity: <u>500</u> Gallons Per Minute	Power Type Check one Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>50</u> Setting Depth: <u>280</u> feet Number of Stages: <u>9</u>
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Pump Test Data Date Well Tested: <u>March 15, 2008</u> Static Water Level (A): <u>215</u> Feet Below Land Surface Pumping Water Level (B): <u>226</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface Test Pumping Rate: <u>500</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Method of Measuring Water Level Check one Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>500</u> GPM with a drawdown of <u>11</u> feet after <u>24</u> hours of pumping
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This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
John Gay
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____

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 APR 11 2011
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY