

**State Well Report
Part 1 - 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)

County: Newton
 Permit #: MS 60-16511
 Driller: Donald Smith Co
 Date drilling completed: 9-17-09

For Office Use Only:

Aquifer: _____
 Well #: F62
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>N. Decatur Water Assn.</u>	Latitude: <u>32° 26' 51" N</u> Longitude: <u>89° 10' 50" W</u>
Mailing Address: <u>Po Box 36</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur MS 39327</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 16 Twn 7N Rng 11E</u>
Telephone No. () _____	Distance <u>5</u> Miles Direction <u>W</u> of Nearest Town <u>Decatur MS</u>

Well / Borehole Data

Date drilling started: 7-08 Date drilling completed: 9-09 Hole depth: 530⁷⁹¹ Hole diameter: 12

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: _____

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

Name of organization running log(s): DES

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: 263 feet above or below (circle one) land surface Date measured: 4-7-09

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

Well depth: 530 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 477 feet Casing diameter: 12 inches Type of casing: Black Steel

Screen length: 48 feet Screen diameter: 8 inches Type of screen: Stainless wire wrap

Screen slot size: .20 inches Setting depth: From 482 feet to 530 feet

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

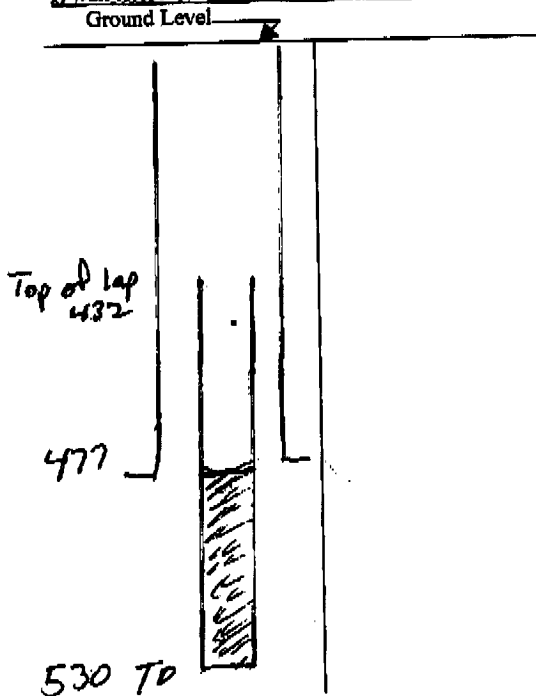
Other (describe): _____

Top of lap pipe or reduction in casing: 432 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

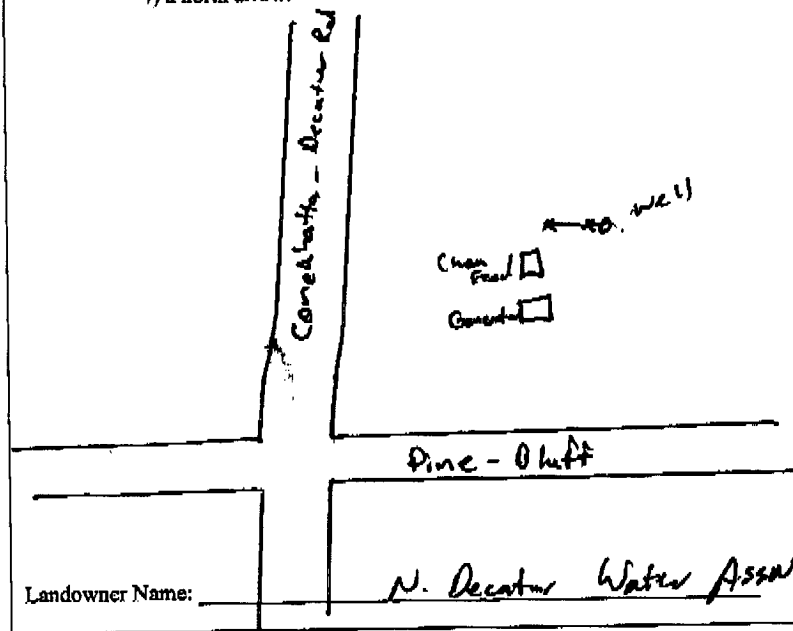
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red sandy clay	1	5
white clay	15	30
blue rock	30	40
sandy clay and shell	40	80
white coarse sand	80	100
light sand and steipes clay	100	220
shell clay and sand	220	260
blue clay	260	317
hard shell	317	325
green sandy clay and hard shell	325	420
hard shell	420	428
green sandy clay and shell	428	435
hard shell and steipes sandy clay	435	465
tight sand	465	498
sand and steipes clay	498	555
sandy clay	555	580
sand	580	725
sand clay steipes	725	791

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) a north arrow.



Landowner Name:

N. Decatur Water Assn.

Form: OLWR-SWR-1A

I 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.

Ryan Herndon 0-700

Print Name of Responsible Licensee and License No.

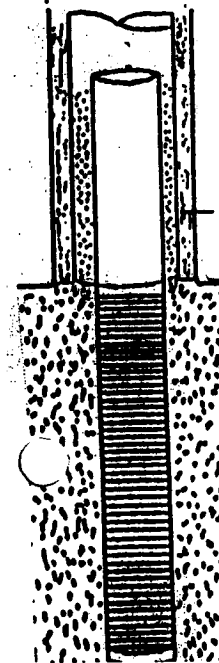
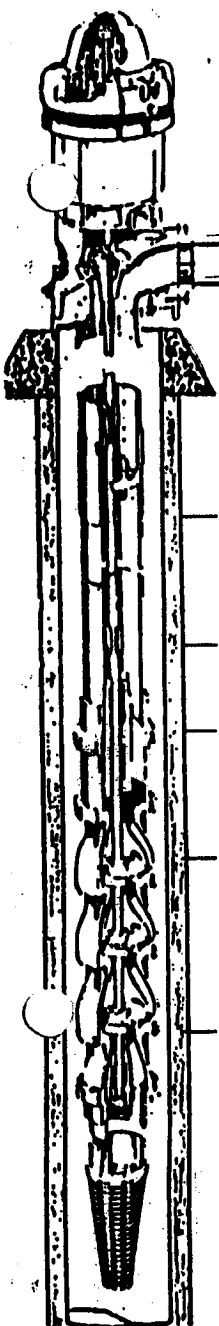
Date

Signature of Licensee

Donald Smith Company, Inc.

NEW INSTALLATION

126 Interstate Drive - Richland, MS 39218 - Phone: (601) 932-4511



PROJECT N. Decatur W.A. DRILLER Scooter Washington JOB # RMS-50600
 LOCATION Pine Bluff Road DATE COMPLETED 9/17/2009 TEST HOLE 620 FT.
 ENGINEER Engineering Service - Alan Hendrix

WELL DATA

Well Depth 530 ft.

CASING Size 12 in. Material API A53B .375 Wall
 Length 477 ft. Coating _____
 CEMENT Grout Type Neat No. of Sacks _____
 LAP PIPE Size 8 in. Material API A53 B
 Length 50 ft. Type of Seal _____
 SCREEN Size 8 in. Brand Johnson Screens
 Length 48 ft. Material _____ Slot size .20
 Backwash Valve Yes Material Bronze
 GRAVEL PACK Cubic Yards 8 Size of Underreamed Hole 24 in.
 HYDRAULICS Static Water Level 263 ft. Pumping Water Level 392 ft.
 Drawdown 129 ft. Specific Capacity 1.3 gal./ft.
 Total Dynamic Head 647 ft. Capacity 150 GPM
 CHLORINATOR Superior

PUMP DATA

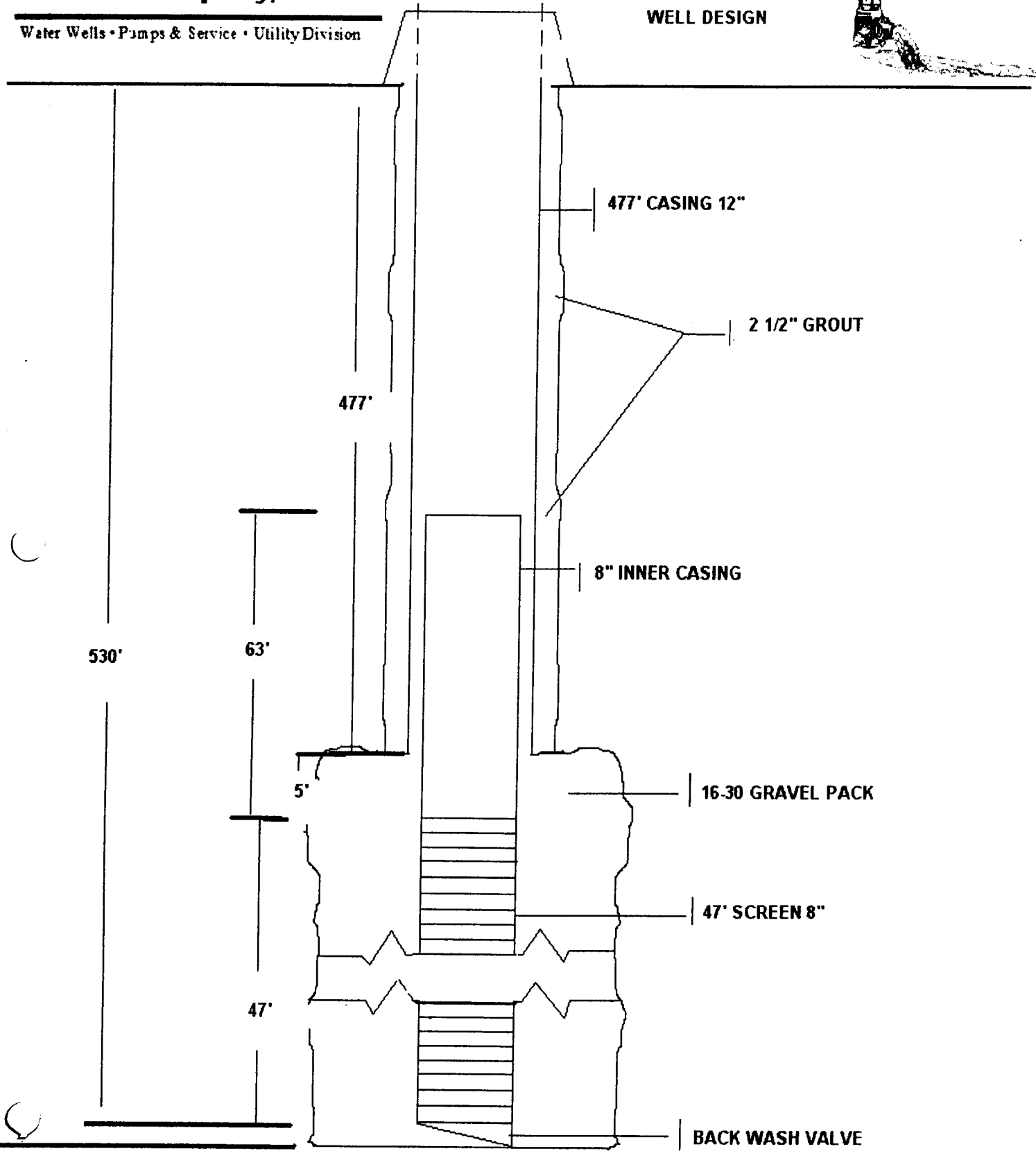
DISCHARGE HEAD N/A Oil Lube _____ N/A Water Lube Submersible
 Solenoid N/A Volts _____ Discharge 6 in.
 COLUMN Size 4 in. Material Black Steel Coating _____
 Length 483 ft. Oil Lube _____ in. Shafting _____ in.
 BOWL ASSEMBLY Make Grunfos Serial No. _____ Stages _____
 Diameter 4 in. Material Stainless
 Suction Size _____ in. Length _____ ft.
 Air Line Length 483 ft. Material _____

ELECTRIC MOTOR DATA

MOTOR Vertical Hollow Shaft 40 HP 3450 RPM 3 Phase
 Model / Make Franklin 460 Volts 60 Cycles
 Base Diameter N/A in. Ratchet _____ Self releasing _____ Non reverse _____
 Other Submersible

CONTROL PANEL DATA

STARTER Size & Make Allen Bradley Size 3 HEATER Size & Make Electronic 23-75
 Breaker 125 Square D Fuse _____
460 Volts 3 Phase Delta Service _____ Open X Closed



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)

County: Newton
 Permit #: MS-GW-16511
 Driller: Donald Smith Co
 Date completed: 9-17-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F02
 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	Well Location
Owner Name: <u>North Decatur Water Assn.</u>	Latitude: <u>322651N</u> Longitude: <u>891050W</u>
Mailing Address: <u>PO Box 36</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Decatur</u> <u>MS</u> <u>39327</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>16</u> T <u>7N</u> R <u>11E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Decatur MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston 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>40 HP</u>
Date Pump Installed: <u>4-7-09</u>	Setting Depth: <u>483</u> feet
Rated Pump Capacity: <u>175</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-29-09</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>263</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>392</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>129</u> Feet Below Land Surface	Well yielded <u>175</u> GPM with a drawdown of
Test Pumping Rate: <u>175</u> Gallons Per Minute	<u>129</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Ryan Herndon 0-700 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer