

CW16926

STATE WELL REPORT

County: Pearl River
 Permit #: Well # 2
 Driller: Water Well Services
 Date drilling completed: 6-4-13

Part I
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 #: F93
 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 (Landowner if borehole is not for a water well) Owner Name: <u>Pearl River Board of Supervisors</u> Mailing Address: <u>200 South Main St</u> <u>Community Safe Room</u> <u>Poplarville, MS 39470</u> City State Zip Code Telephone No. <u>(601) 403-2300</u>		Well or Borehole Location Latitude: <u>30-49-59N</u> Longitude: <u>89-32-53W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____ <u>NW 1/4 NE 1/4 Sec 36 T. 25 R. 16 W</u> <u>0</u> Miles of <u>Poplarville, MS</u> (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data
 Date drilling started: 4-28-13 Date drilling completed: 6-4-13 Hole depth: 580 Hole diameter: 6"
 Location of the source of any surface water used for drilling: City water
 Method of dosing and volume of Chlorine used in drilling and development: None
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): State Logger F-0093
 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: 170 feet (above or below) land surface Date measured: 6-6-13
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 387 Well grouted to a depth of: 345 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 345 feet Casing diameter: 6" inches Type of casing: Steel
 Screen length: 36 feet Screen diameter: 4" inches Type of screen: Stainless steel
 Screen slot size: 07 inches Setting depth: From 350 feet to 386 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: 305 feet
If telescoped or more than one screen, describe on next page.

C-1116-276

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: Pearl River
 Permit #: Well # 2
 Driller: Water Well Services
 Date completed: 6-17-13
 Copy information from block on Part 1

For Office Use Only:
 Well #: E413
 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>Pearl River Board of Supervisors</u>	Latitude: <u>30-49-59N</u>	Longitude: <u>89-32-53W</u>			
Mailing Address: <u>200 South Main St</u>	Method of Lat./Long (check one): Conventional Survey _____				
<u>Community Safe Room</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____				
<u>Poplarville</u> <u>Ms</u> <u>39470</u>	_____ 1/4 _____ 1/4, Sec <u>36</u> T <u>25</u> R <u>16 W</u>				
City State Zip Code	_____ Miles _____ of <u>Poplarville, MS</u>				
Telephone No. <u>(601) 403-2300</u>	(Distance)	(Direction)	(Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-15-13 Rated Pump Capacity: 60 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: 7 1/2 Setting Depth: 240' feet Number of Stages: 9

Pump Test Data for Non Flowing Well
 Date Well Tested: 6-17-13 Duration of Pump Test (minimum 4 hours): 6 hours
 Static Water Level (A): 173.7 Feet Below Land Surface Pumping Water Level (B): 189 Feet Below Land Surface
 Drawdown [(B) - (A)]: 13.6 Feet Below Land Surface Test Pumping Rate: 60 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: Water Specialties Meter Serial Number: 20130400
 Meter Model Number/Name: ML-0406DMCR Type of Meter: Turbine
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): X 100
 Installation Date: 6-17-13 Meter Installed by: Water Well Services
 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.
Arnold Fincher Sr 0598 6-21-13 Arnold Fincher Sr
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer