

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: Pearl River
 Permit #: 6-0116925
 Driller: Water well services
 Date drilling completed: 12-21-12

For Office Use Only:
 Aquifer: U 18.2
 Well #: _____
 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) Owner Name: <u>Pearl River County Board of Supervisors</u> Mailing Address: <u>Carriere Community Site down</u> <u>200 South Main St</u> <u>Poplarville, Ms 39470</u> City State Zip Code Telephone No. <u>(601) 403-2300</u>		Well or Borehole Location Latitude: <u>30 37 34N</u> Longitude: <u>89 39 10W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓ <u>SW 1/4 NE 1/4 Sec 12 Twn 5S Rng 17W</u> NW SE Distance Direction Nearest Town <u>0 Miles</u> of <u>Carriere</u>	
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Well / Borehole Data

Date drilling started: 11-8-12 Date drilling completed: 12-1-12 Hole depth: 265 Hole diameter: 12

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: _____

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

Name of organization running log(s): State Logger U-0182

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: 124 feet above or below (circle one) land surface Date measured: 1-9-12

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

Well depth: 258 Well grouted to a depth of 230 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 230 feet Casing diameter: 6 7/8 inches Type of casing: Steel

Screen length: 20 feet Screen diameter: 4" inches Type of screen: Stainless steel

Screen slot size: 87 inches Setting depth: From 238 feet to 258 feet

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

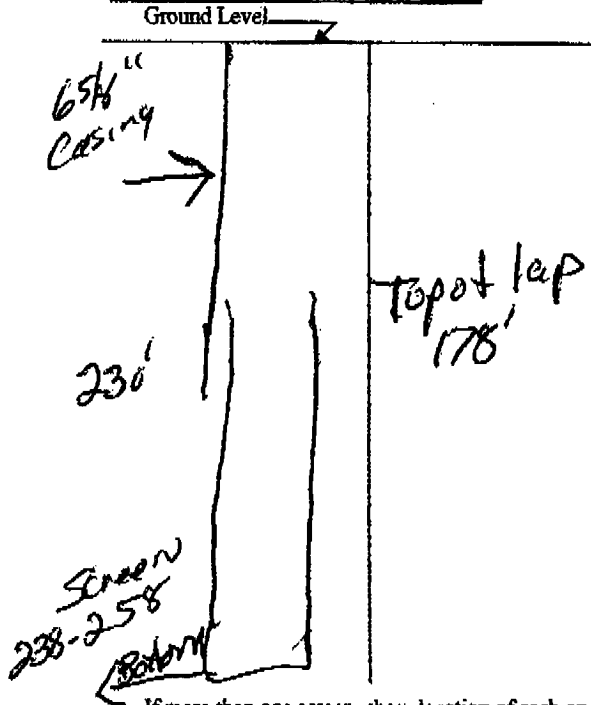
Other (describe): _____

Top of lap pipe or reduction in casing: 178 feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

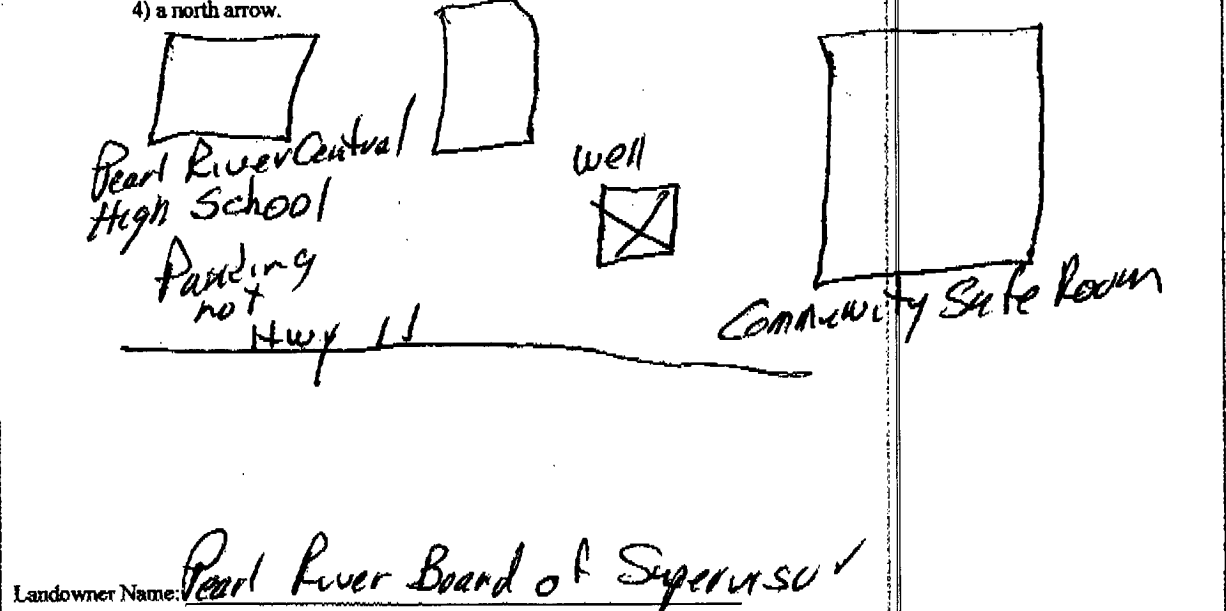


If more than one screen, show location of each on sketch

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)	
	Ground Level	
Sand	0	60
Clay	60	115
Sand	115	145
Clay	145	235
Sand	235	260
Sand (Clay)	260	265

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: Pearl River Board of Supervisors ✓

Form: OLWR-SWR-1A (04/08)

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

Arnold Fincher Sr 0591 1-29-13

Arnold Fincher Sr

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

County: Pearl River
 Permit #: _____
 Driller: _____
 Date completed: 12-21-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: U182
 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>Pearl River County Board of Supervisors</u>	Latitude: <u>30-57-34N</u>	Longitude: <u>89-34-10W</u>	
Mailing Address: <u>Carriere Community Safe Room</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>200 South Main St</u>	USGS quad _____	<u>Hand-held GPS</u>	Survey-grade GPS _____
<u>Poplarville, Ms 39470</u>	1/4 _____	1/4 Sec <u>12</u>	T. <u>55</u> R. <u>17W</u>
Telephone No. <u>601 403-2300</u>	Distance _____ Miles	Direction _____	Nearest Town <u>Carriere</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>1-25-3</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-25-30</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>124</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>157</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>33</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of
Test Pumping Rate: <u>65.7</u> Gallons Per Minute	<u>33</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

This is for (circle 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.

Arnold Fendler Sr 0598 Arnold Fendler Sr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer