

County: Pearl River
 Permit #: GW16927
 Driller: Water Well Services
 Date drilling completed: 9-28-12

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)

For Office Use Only:
 Aquifer: _____
 Well #: W250
 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>Pearl River County Board of Supervisors</u>	Latitude: <u>30.3200N</u> Longitude: <u>89.412W</u>
Mailing Address: <u>Picayune Community Safe Room</u> <u>280 South Main St</u> <u>Poplarville, MS 39470</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 16</u> Twn <u>6S</u> Rng <u>17W</u>
Telephone No. <u>(601) 403-2300</u>	Distance _____ Direction _____ Nearest Town <u>of Picayune, MS</u>

Well / Borehole Data

Date drilling started: 8-20-12 Date drilling completed: 9-28-12 Hole depth: 250' Hole diameter: 11 3/4"

Location of the source of any surface water used for drilling: City of Picayune, MS

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): MS Office of Geology

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: 24.73 feet above or below (circle one) land surface Date measured: 10-3-12

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

Well depth: 164 Well grouted to a depth of 122 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 122 feet Casing diameter: 6 5/8 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: stainless steel

Screen slot size: 0.006 inches Setting depth: From 124 feet to 164 feet

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

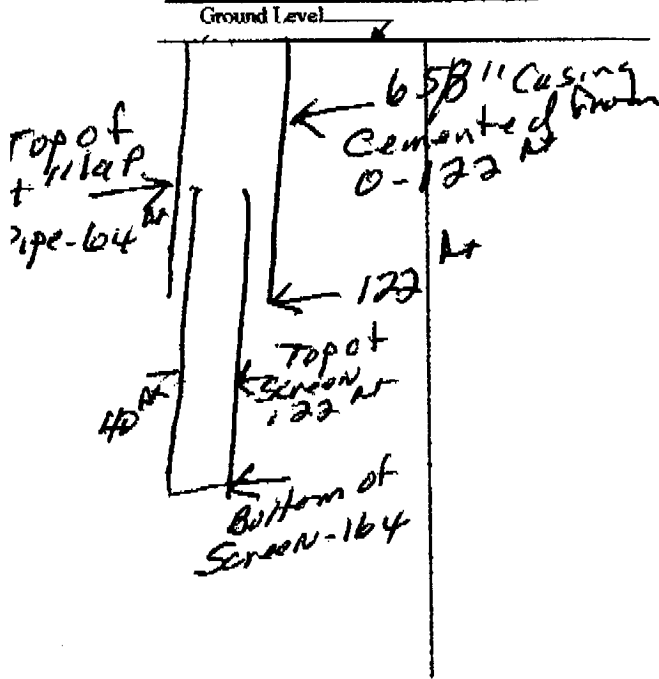
Other (describe): _____

Top of lap pipe or reduction in casing: 64 feet. *If telescoped or more than one screen, describe on next page*

W250

The sketch below only required for water wells

If well telescopes, show depths on sketch

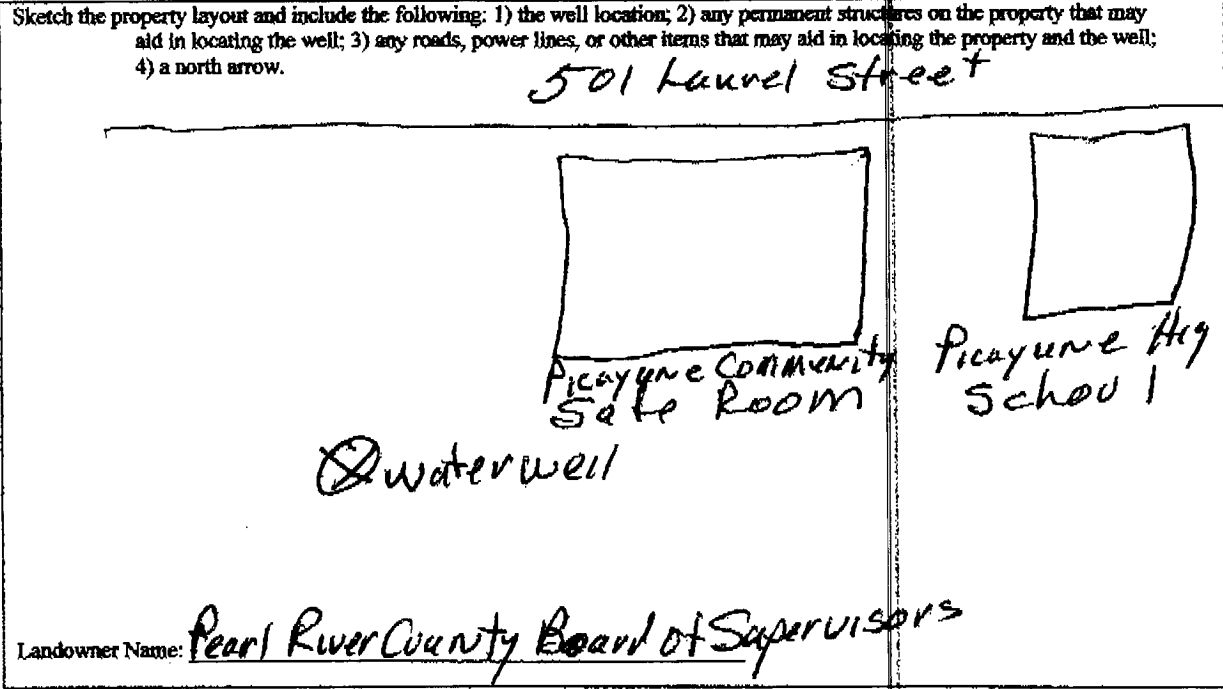


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Surface Sand	0 Ground Level	20
Clay	20	40
Sand	40	80
Sandy clay	80	120
Sand Course	120	165
Clay	165	250

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.



Form: OLWR-SWR-1A (04/06)

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 0598 11-5-12 Arnold Fincher Sr

Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Pearl River
 Permit #: _____
 Driller: Waterwell Services
 Date completed: 10-30-12
Copy information from block on Part I

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 #: W250
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>30-32-00N</u>	Longitude: <u>89-41-12W</u>	
Mailing Address: <u>Picayune Community Safe Room</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>200 South Main St</u>	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
<u>Poplarville, MS 39477</u>	1/4 _____	1/4 Sec _____	<u>T 6 S R 17 W</u>
City _____ State _____ Zip Code _____	Distance _____	Direction _____	<u>Nearst Town</u>
Telephone No. <u>(601) 403-2300</u>	<u>0</u> Miles	<u>0</u>	of <u>Picayune, MS</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>5</u>
Date Pump Installed: <u>10-9-12</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-3-12</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>24.73</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>43.08</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>18.34</u> Feet Below Land Surface	Well yielded <u>76.5</u> GPM with a drawdown of
Test Pumping Rate: <u>76.5</u> Gallons Per Minute	<u>18.34</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</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 Fincher Sr 0598 Arnold Fincher Sr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer