

- 06 well

County: Pike
 Permit #: _____
 Driller: 0576
 Date drilling completed: 2/97

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: Miocene
 Well #: ~~4 (Lake Ing.)~~ A 240
 L. S. Elevation: 445 ft
A38
 E-log #: 236

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Southwest Community College</u> Mailing Address: <u>College Drive</u> <u>Summit</u> <u>MS</u> <u>38866</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>90° 26' 865"</u> Longitude: <u>31° 17' 792"</u> <u>52</u> <u>98</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE</u> ¼ <u>SE</u> ¼ Sec <u>124</u> Twn <u>4N</u> Rng <u>7 East</u> Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Summit</u> <u>Next to Humanities Bldg</u></p>
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Well / Borehole Data

Date drilling started: 2/4/97 Date drilling completed: 2/15/97 Hole depth: 200ft Hole diameter: Lin casing

Location of the source of any surface water used for drilling: Water Tower
 Method of dosing and volume of Chlorine used in drilling and development: Tapert per mil

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Geological

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: 70ft feet above or below (circle one) land surface Date measured: 2/15/97

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

Well depth: 200ft Well grouted to a depth of 175 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 6 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 200 feet to 180 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: N/A feet. *If telescoped or more than one screen, describe on next page*

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

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A. ~~200~~
236

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.

Ground Level \rightarrow

Description of Formations Encountered	From (depth)	To (depth)
Surface Sands	0	20
Core Sands	20	70
gravels (big)	70	100
White Clays	105	175

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.

North west of the HSB Building

Landowner Name: _____

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.

Joseph L. Sincere DS16 _____

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

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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: Pike
 Permit #: _____
 Driller: SMCC
 Date completed: 2/15/97
Copy information from block on Part 1

For Office Use Only:

Aquifer: Miocene
 Well #: A-240 236
 Elevation: 445A

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>SMCC</u>	Latitude: <u>90 26' 46.5" N</u> Longitude: <u>31 W 17' 7.92" E</u>
Mailing Address: <u>College Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Summit</u> <u>MS</u> <u>39066</u> City State Zip Code	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Summit</u>
Telephone No. () _____	

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>15hp</u>
Date Pump Installed: <u>2/15/97</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>3 phase</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/97</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>200</u> feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>30</u> <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>200</u> Gallons Per Minute	<u>30</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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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

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