

B212

County: Pike  
 Permit #: MS-6W-16879  
 Driller: Joe Juncos  
 Date drilling completed: 2/4/07

**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: Maceo  
 Well #: 1 W E Trill House  
 L. S. Elevation: 445  
 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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>SWMLL</u> Mailing Address: <u>College drive</u> <u>Summit Mississippi</u> City: _____ State: _____ Zip Code: _____ Telephone No. <u>(601) 276 200</u>		<b>Well or Borehole Location</b> Latitude: <u>40° 26' 55"</u> Longitude: <u>31° 17' 87"</u> Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>53</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>8E</u> <u>NW</u> 1/4 SW 1/4 Sec <u>874</u> Twn <u>4N</u> Rng <u>7E</u> Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>North</u> of <u>Summit</u> <u>NE of well house</u>
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**Well / Borehole Data**

Date drilling started: Feb 07 Date drilling completed: Feb 07 Hole depth: 205 Hole diameter: 6

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: 7 PPM

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

Name of organization running log(s): Pulco of Gougey

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: 25 feet above or below (circle one) land surface Date measured: 1 4 07

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

Well depth: 205 Well grouted to a depth of 180 feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 185 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 205 feet to 185 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

Not permitted

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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: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: mycosen  
 Well #: 1  
 Elevation: 445

*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>46 26 55</u>	Longitude: <u>31 17 878</u>	
Mailing Address: <u>College Drive</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Summit</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City _____	State _____	Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>1 T 4 R 7E</u>		
Telephone No. <u>(601) 276 200</u>			Distance _____	Direction _____	Nearest Town _____
			<u>1</u> Miles <u>myc</u> of <u>Summit</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>15</u>		
Date Pump Installed: <u>Feb 4 97</u>			Setting Depth: <u>180</u> feet		
Rated Pump Capacity: <u>135</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-97</u>		Air Line _____	Electric Measuring Line _____
Static Water Level (A): <u>85</u> Feet Below Land Surface		Steel Tape _____	
Pumping Water Level (B): <u>85</u> Feet Below Land Surface		Other (specify): <u>Sonic</u>	
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: <u>135</u> Gallons Per Minute		Well yielded <u>135</u> GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours		<u>30</u> feet after <u>24</u> hours of pumping	

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-SM-16 (1/03)

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