

B 215

County: Pike
 Permit #: _____
 Driller: Smce
 Date drilling completed: 2-18-97

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 #: 5 (Borehole Log) A-22
 L. S. Elevation: 445.431
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Southwest Community College</u> Mailing Address: <u>College Drive</u> <u>Summit MS 39666</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 17' 36"</u> Longitude: <u>91° 26' 27"</u> Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>90</u> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SE</u> ¼ <u>SW</u> ¼ Sec <u>19</u> Twn <u>4N</u> Rng <u>7E</u> Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>Summit</u></p>
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Well / Borehole Data

Date drilling started: Feb 1997 Date drilling completed: 2-18-97 Hole depth: 185 Hole diameter: 6 inch
 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 parts per million
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Mississippi Bureau 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: 55' feet above or below (circle one) land surface Date measured: 2-18-97
 Method of Measurement (circle one) steel tape electric tape air line other: sonic
 Well depth: 185 Well grouted to a depth of 165 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 165 feet Casing diameter: 6 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 6 inches Type of screen: slotted
 Screen slot size: .012 inches Setting depth: From 185 feet to 165 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)

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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.

Description of Formations Encountered	From (depth)	To (depth)
Surface soil	Ground Level	20
course to med. sand	20	70
Gravel	70	100
White Clay	100	165
Course Sand	165	185

Ground Level →

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.

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.

Joe Juneau 0516 _____

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: 2-18-97
Copy information from block on Part 1

For Office Use Only:
 Aquifer: Miocene
 Well #: 5
 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>SMCE</u>			Latitude: <u>30° 31-17-36</u>	Longitude: <u>91° 00-26-27</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> MS <u>39666</u>	City	State	Zip Code	SE ¼ SW ¼ Sec <u>19</u> T <u>4N</u> R <u>7E8E</u>	
Telephone No. () _____			Distance <u>1</u> Miles	Direction <u>N</u> of	Nearest Town <u>Summit</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>15 hp.</u>		
Date Pump Installed: <u>2-18-97</u>			Setting Depth: <u>160</u> feet		
Rated Pump Capacity: <u>200</u> Gallons Per Minute			Number of Stages: 3 <u>6</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>55</u> Feet Below Land Surface			Other (specify): <u>Sonic</u>		
Pumping Water Level (B): 200 Feet Below Land Surface			For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface			Well yielded <u>135</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 _____

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