

-07 well

County: Pike
 Permit #: _____
 Driller: _____
 Date drilling completed: 2/7/97

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 #: ~~26, Water Tower~~ A-239
 L. S. Elevation: 440.443 B 216
 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)	Well or Borehole Location
Owner Name: <u>Southwest Community College</u>	Latitude: <u>90° 26' 50" 30</u> Longitude: <u>31° 17' 00" 50</u>
Mailing Address: <u>College Drive,</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Summit</u> <u>ms.</u> <u>39164</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 19 Twn 4N Rng 8 East</u>
Telephone No. <u>(601) 276-2000</u>	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Summit</u> <u>East of water tower</u>

Well / Borehole Data

Date drilling started: 2/4/97 Date drilling completed: 2/7/97 Hole depth: 205 Hole diameter: 6 in casing

Location of the source of any surface water used for drilling: Campus Fire Hydrant

Method of dosing and volume of Chlorine used in drilling and development: Bureau of Geology

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

Name of organization running log(s): _____

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: 85 feet above or below (circle one) land surface Date measured: 2/7/97

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 _____ 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: 0.12 inches Setting depth: From 205 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

GW16879

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STATE WELL REPORT

County: Rike County
 Permit #: _____
 Driller: S.M.R.
 Date completed: 2/7/97
Copy information from block on Part 1

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: micene B216
 Well #: A-239
 Elevation: 445 ft

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>Southwest Community College</u>	Latitude: <u>90° 26.502</u> Longitude: <u>31° 17.828</u>
Mailing Address: <u>College drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit</u> MS <u>39666</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 276-2000</u>	_____ ¼ _____ ¼ Sec <u>1</u> T <u>4N</u> R <u>7 East</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>North</u> of <u>Summit</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> 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 <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u> </u>	Horse Power Rating of Motor: <u>15 hp</u>
Date Pump Installed: <u>2/4/97</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>135</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>2/1/97</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>135</u> GPM with a drawdown of
Test Pumping Rate: <u>135</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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