

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 #: B248
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: n/a
Driller: O-808
Date drilling completed: 9/29/14

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 mississippi Comm. College</u>	Latitude: <u>31° 17' 28.22"</u> Longitude: <u>90° 26' 34.95"</u>
Mailing Address: <u>1156 College Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Summit</u> <u>ms</u> <u>39666</u> City State Zip Code	<u>NW</u> ¼ <u>NW</u> ¼ Sec <u>30</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. <u>(601) 776-2000</u>	Distance <u>2</u> Miles Direction <u>NE</u> of Nearest Town <u>Summit</u>

Well / Borehole Data

Date drilling started: 9/24/14 Date drilling completed: 9/29/14 Hole depth: 200 Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: none

Method of dosing and volume of Chlorine used in drilling and development: Public Supply

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: Supply well

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 59.5 feet above or below (circle one) land surface Date measured: 10/9/14

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

Well depth: 200 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: .010 inches Setting depth: From 180 feet to 200 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: none feet. **If telescoped or more than one screen, describe on next page**

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

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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)

For Office Use Only:

Aquifer: _____
 Well #: B248
 Elevation: _____

County: Pike
 Permit #: n/A
 Driller: 0-808
 Date completed: 10/9/14
Copy information from block on Part 1

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 Mississippi Comm. College</u>	Latitude: <u>31° 17' 28.22"</u> Longitude: <u>90° 26' 34.95"</u>
Mailing Address: <u>1156 College Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit</u> <u>ms</u> <u>39666</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>NW</u> ¼ Sec <u>30</u> T <u>4N</u> R <u>8E</u>
Telephone No. <u>(601) 276-2000</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>NE</u> of <u>Summit</u>

Pump Type	Power Type
Circle one	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): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10/9/14</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>10-8-14</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>59.5</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
Pumping Water Level (B): <u>101</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>41.5</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>41.5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</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.

Clinton Dunn 0-808 Clinton Owen
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 16 2014

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY