

ORIGINAL

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

COUNTY WELL LOCATED	Piute
WELL NUMBER	E-264
CODED	
PERMIT NUMBER	
NAME OF DRILLING FIRM	SMCC
DATE WELL COMPLETED	4/16/08

NAME & MAILING ADDRESS OF LANDOWNER			
M:Comb Sports Complex			
205 MAGNOLIA ST			
M:Comb Ms.			
WELL LOCATION	SEC	TOWNSHIP	RANGE
	02	03	08
DISTANCE	DIRECTION	NEAREST TOWN	
OTHER LANDMARK			
Next to IRRIGATION LAGOON			
WELL PURPOSE Home, Irrigation, Municipal, Industrial, Fish Pond, etc.			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe)		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe)		
Pump Capacity (GPM)	No. of Stages	Setting Depth
		FT.
PUMP TEST		
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping		

WELL DATA		
Well Depth	Casing Diameter (In.)	Casing Length (Ft.)
180'	4"	160
Type of Casing	Hole Depth	Depth to Static Water Level
PVC	180	9.5 FT
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other		
(Describe)		
WELL GROUTED TO A DEPTH OF 12 FEET		
Type Grout (circle one): Cement, Bentonite, or Mix		

LOG DATA	
TYPE OF LOG RUN (Circle One): Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe)	
Name of Organization Running Log	

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
4	20	.012
Screen Type	Depth to Bottom - Feet	
PVC	160	

GEOLOGIC DATA (Office Use Only)			
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs SWL	Date	Analysis	Aquifer Test
Driller's Remarks			
Top of Lap Pipe or Reduction in Casing			
FEET		IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE	

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Surf Sand	0	20
SAND & GRAVEL	20	65
White Clay	65	115
Coarse SAND	115	160

FORMATIONS (Continued)		FROM	TO
RECEIVED			
MAY 09 2008			
BY: OLWR			
IF MORE SPACE IS NEEDED, USE BACK			

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MAY 09 2008
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P O Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only

County Pike
 Permit # MS-6W-16512
 Driller SMCC - class
 Date completed 4-16-08

Aquifer _____
 Well # _____
 Elevation _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name <u>McCant Sports Complex</u>	Latitude _____ Longitude _____
Mailing Address <u>701 S. Magnolia St.</u> <u>McCant Miss 39648</u>	Method of Lat/Long (circle one) Conventional Survey USGS quad, Hand-held GPS Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>3</u> Rng <u>8 E</u>
Telephone No. _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify) _____ Date Pump Installed _____ Rated Pump Capacity <u>70</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify) _____ Horse Power Rating of Motor <u>3</u> Setting Depth <u>160</u> feet Number of Stages _____
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested <u>5-1-08</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A) <u>9.5</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B) <u>55.5</u> Feet Below Land Surface	For flowing well, measured shut in head _____
Drawdown ((B) - (A)) <u>46</u> Feet Below Land Surface	Well yielded _____ GPM with _____ hours of pumping _____ feet after _____ hours of pumping
Test Pumping Rate <u>70</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours) _____ hours	

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 MAY 09 2008
BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge

Joseph L. Parker #0-0729P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer