

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E 26
Aquifer: _____
E-Log #: _____

County: Pontotoc
Permit #: MS-GW-17227
Driller: Donald Smith Co.
Date drilling completed: 6/24/16

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Randolph Water Assoc</u>	Latitude: <u>34° 10' 53.4" N</u> Longitude: <u>89° 10' 31.1" W</u>
Mailing Address: <u>PO Box 515</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>SB, 26</u> <u>33, 49</u>
<u>Randolph</u> <u>MS</u> <u>38864</u>	USGS quad <u>NE 11W</u> Hand-held GPS <u>X</u> Survey-grade GPS _____ <u>46</u> <u>1/4</u> <u>SE</u> <u>27</u> <u>26</u> City State Zip Code <u>1/4</u> Sec <u>27</u> T <u>10S</u> R <u>01E</u>
Telephone No. () _____	<u>1/2</u> Miles <u>South of Randolph</u> (Distance) (Direction) (Nearest Town)

based on sketch map & written description of loc from e-log the well is in Section 27 at approximately the corrected lat/long
 LWW
 11/7/17

Well / Borehole Data

Date drilling started: 3/24/16 Date drilling completed: 6/24/16 Hole depth: 1100' Hole diameter: 15 3/4"

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: Potable Water Used

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

Name of organization running log(s): Donald Smith Company, Inc

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 345.72 feet [above or (below) land surface Date measured: 6/02/16
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 1500' Well grouted to a depth of: 1415 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1415 feet Casing diameter: 10 inches Type of casing: Carbon Steel

Screen length: 80 feet Screen diameter: 6 inches Type of screen: SS

Screen slot size: .020 inches Setting depth: From 1420 feet to 1500 feet

Type of completion (circle all applicable): Gravel-packed Underreamed Open-hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 1360 feet

If telescoped or more than one screen, describe on next page

Received

JUL 14 2016

County: Pontotoc
 Permit #: MS-GW-17227

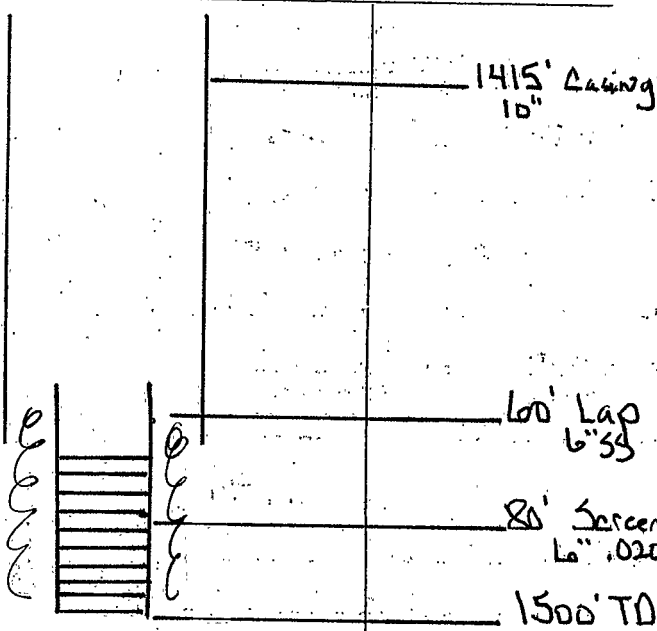
For Office Use Only:
 Well #: E26

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level →

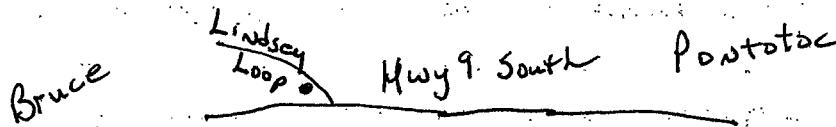


Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground level	10
White Sandy Clay	10	40
Blue Clay	40	600
Blue Clay, Strkd Sand, Rocks	600	629
Sand & Rocks	629	646
Rock	646	647
Sand, Rocks	647	660
Rocks	660	662
Blue Clay	662	670
Rock	670	671
Blue Clay	671	790
Gray Shale	790	1050
Tight Sand	1050	1065
Gray Shale	1065	1075
Tight Sand	1075	1099
Blue Clay, Gray Shale	1099	1460
Sand, Pea Gravel	1460	1475
Shale	1475	1485
Sand, Pea Gravel	1485	1518
Rock	1518	1520
Sand & Pea Gravel	1520	1565
Rock, White	1565	1599
Pink Gumbo	1599	1601

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) north arrow



Landowner Name: Randolph Water Assoc

I HEREBY 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.

Robert Young Jr. UNR-5671 7/11/16 Robert Young Jr.
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Pontotoc
 Permit #: MS-GW-17227
 Driller: Donald Smith Co.
 Date completed: 12/08/16
Copy information from block on Part 1

For Office Use Only:

Well #: E26
 Aquifer: _____

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>Randolph Water Assoc</u>	Latitude: <u>34 10.534N</u> Longitude: <u>89 10.31 1" W</u>
Mailing Address: <u>P.O. Box 515</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Randolph</u> <u>MS</u> <u>38864</u>	_____ 1/4 _____ 1/4, Sec <u>27</u> T <u>10S</u> R <u>01E</u>
City State Zip Code	<u>1/2</u> Miles <u>South</u> of <u>Randolph</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 8/11/16 Rated Pump Capacity: 278 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 462 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: 10/19/16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 242 Feet Below Land Surface Pumping Water Level (B): 390 Feet Below Land Surface

Drawdown [(B) - (A)]: 48 Feet Below Land Surface Test Pumping Rate: 278 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 20161361

Meter Model Number/Name: ML04D-06 Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 8/31/16 Meter installed by: Donald Smith Company, Inc

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Robert Young UNR 5671 1/17/17 Robert Young **RECEIVED**

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

BY OLWR