

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Rankin
 Permit #: MS-EW-16633
 Driller: Aldric Jones
 Date drilling completed: 10-15-09

For Office Use Only:
 Aquifer: _____
 Well #: M183
 I.S. Elevation: _____
 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 (Lundowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>ACL Water Association</u>	Latitude: <u>N 32° 13' 36.7"</u> Longitude: <u>W 89° 50' 15.7"</u>
Mailing Address: <u>1182 Hwy 32 South</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Pelahatchie MS 39145</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>32 13 37 89 50 16</u>
Telephone No. <u>(601) 546-2322</u>	Distance Direction Nearest Town
	<u>7 1/2</u> Miles <u>South</u> of <u>Pelahatchie</u>

Well / Borehole Data

Date drilling started: 9-15-09 Date drilling completed: 10-15-09 Hole depth: 1495' Hole diameter: 32"

Location of the source of any surface water used for drilling: ACL Water system

Method of dosing and volume of Chlorine used in drilling and development: 10000 gal water with 50 part per million Chlorine solution

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

Name of organization running log(s): Mississippi Office 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) N/A

Static Water Level: 512' feet above or below (circle one) land surface Date measured: 10-30-09

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

Well depth: 1495' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1415 feet Casing diameter: 16" inches Type of casing: STEEL

Screen length: 70 feet Screen diameter: 1.0" inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 1415 feet to 1490 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: 1340 feet *If telescoped or more than one screen, describe on next page*

STATE WELL REPORT

County Rankin
 Permit #:
 Driller John Rybolt IV
 Date completed: 12-22-09
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:
 Well #: M83
 Elevation:

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>ACL Water Association</u>	Latitude: <u>N32° 13' 36.7" L</u> Longitude: <u>W89° 50' 15.7" L</u>
Mailing Address: <u>1182 Hwy 43 South</u>	Method of Lat/Long (check one): Conventional Survey <u>16</u>
<u>Pelahatchie MS 39145</u>	USGS quad <u>Hand-held GPS</u> <input checked="" type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 36 T 5 N R 4 E</u>
Telephone No. <u>(601) 546-2322</u>	Distance Direction Nearest Town <u>7 Miles South of Pelahatchie</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: <u>200</u>
Date Pump Installed: <u>12-22-09</u>	Setting Depth: <u>640</u> feet
Rated Pump Capacity: <u>650</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-12-10</u>	<u>Air Line</u> Electric Measuring Line Steel Tap
Static Water Level (A): <u>513</u> Feet Below Land Surface	Other (specify):
Pumping Water Level (B): <u>574</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>61</u> Feet Below Land Surface	Well yielded <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>200</u> Gallons Per Minute	<u>61</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No (if applicable) Signature of Pump Installer