

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

County: RANKIN 121
 Permit #: GW 16961
 Driller: LAYNE CHRISTENSEN
 Date drilling completed: 2/12/2014

For Office Use Only:

Well #: U-98
 Aquifer: SPRT
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>CENTRAL RANKIN WATER ASSOC.</u>	Latitude: <u>N 32' 06 477</u> Longitude: <u>90' 04.602</u>
Mailing Address: <u>PO BOX 418</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>STAR</u> MS <u>39167</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4, Sec 10 T 3N R 2E</u>
Telephone No. (<u>601</u>) <u>845-7035</u>	<u>3</u> Miles <u>SW</u> of <u>FLORENCE</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11/14/2013 Date drilling completed: 2/12/2014 Hole depth: 1850 Hole diameter: 24"
(1790' handwritten)

Location of the source of any surface water used for drilling: _____ N/A

Method of dosing and volume of Chlorine used in drilling and development: _____ N/A

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

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY

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: 338 feet [above or below] land surface Date measured: 9/12/2014
(circle one)

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

Well depth: 1795' Well grouted to a depth of: 1710 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1710 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: (SPLIT) 60 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL

Screen slot size: .020 inches Setting depth: From 1720 1710 feet to 1780 (SPLIT) feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 1630 feet

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

see sketch for split

RECEIVED

JUL 06 2015

BY: OLWR

Form: OLWR-SWR-1A (4/13)

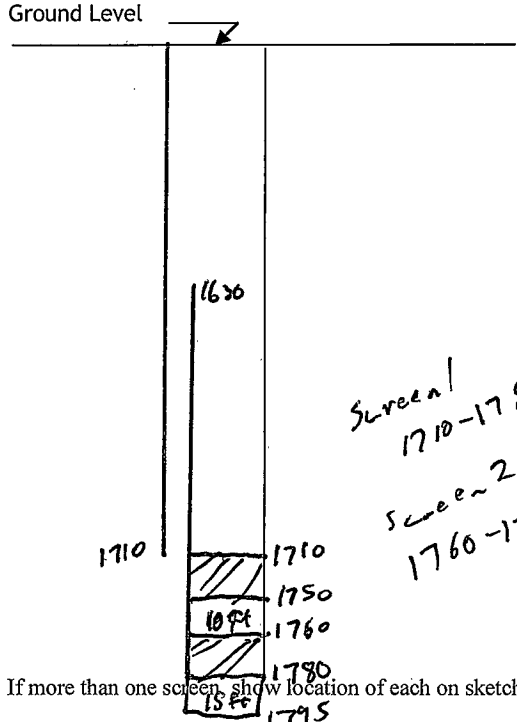
County: RANKIN
 Permit #: GW16961

For Office Use Only:
 Well #: U-98

The sketch below only required for water wells

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

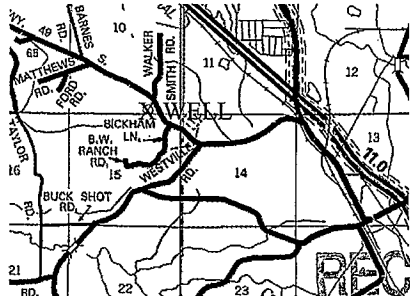
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	5
SANDY YELLOW CLAY	5	15
ROCK	15	16
HARD SHALE	16	110
HARD SHALE & LIME	110	265
SAND	264	300
ROCK & LIME STREAKS	300	310
SANDY SHALE	310	400
CLAY	400	840
SANDY SHALE	840	960
SAND & SHALE STREAKS	960	1190
HARD SHALE	1190	1340
ROCK & LIME STREAKS	1340	1370
HARD SHALE	1370	1405
FINE SAND & LIGNITE	1405	1645
HARD SHALE & SAND	1645	1700
FINE SAND	1700	1750
HARD SHALE	1750	1760
SAND	1760	1840
HARD SHALE	1840	1850

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



RECEIVED

JUL 06 2015

NOT TO SCALE BY: OLWR

Landowner Name: CENTRAL RANKIN WATER ASSOCIATION

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.

JOEY SAVORGNAN UNR00000766 4/2/2015
 Print Name of Responsible Licensee and License No. Date

[Handwritten Signature]
 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: RANKIN
Permit #: GW 16961
Driller: LAYNE CHRISTENSEN
Date completed: 2/12/2014
Copy information from block on Part 1

For Office Use Only:
Well #: U-98
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>CENTRAL RANKIN WATER ASSOC.</u>	Latitude: <u>N 32' 06 477</u> Longitude: <u>90 04.602</u>
Mailing Address: <u>PO BOX 418</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>STAR</u> <u>MS</u> <u>39167</u>	<u>SE 1/4</u> <u>SE 1/4</u> , Sec <u>10</u> T <u>3N</u> R <u>2E</u>
City State Zip Code	<u>3</u> Miles <u>SW</u> of <u>FLORENCE</u>
Telephone No. (<u>601</u>) <u>845-7035</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 7/2/2014 Rated Pump Capacity: 750 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: 150 Setting Depth: 479 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
Date Well Tested: 9/12/2014 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 338 Feet Below Land Surface Pumping Water Level (B): 379 Feet Below Land Surface
Drawdown [(B) - (A)]: 41 Feet Below Land Surface Test Pumping Rate: 359 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: _____ Meter Serial Number: RECEIVED
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): JUL 06 2015
Installation Date: _____ Meter installed by: BY: OLWR
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.
JOEY SAVORGNAN 4/2/2015 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer