

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 - 16634
 Driller: LAYNE CHRISTENSEN
 Date drilling completed: 12/04/2009

For Office Use Only:

Well #: W-75
 Aquifer: _____
 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>SOUTHEAST RANKIN WATER ASSOC.</u>	Latitude: <u>N 32° 03.95'</u> Longitude: <u>W 089° 51.304'</u>
Mailing Address: <u>PO BOX 700</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>PUCKETT</u> MS <u>39151</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>26</u> T. <u>3N</u> R. <u>4E</u>
City State Zip Code	_____ Miles _____ of _____
Telephone No. (<u>601</u>) <u>825.6992</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/10/2009 Date drilling completed: 12/4/2009 Hole depth: 1595' Hole diameter: 10"

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: 317 feet [above or below] land surface Date measured: 10/28/2009
(circle one)

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

Well depth: 1595' Well grouted to a depth of: 150 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1520 feet Casing diameter: 10 inches Type of casing: STEEL

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

Screen slot size: 0.030 inches Setting depth: From 1525 feet to 1585 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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

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BY: OLWR

Form: OLWR-SWR-1A (4/10)

MSDH # 0610049-04

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-16634
 Driller: LAYNE CHRISTENSEN
 Date completed: 2/18/2010
Copy information from block on Part 1

For Office Use Only:

Well #: W-75
 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>SOUTHEAST RANKIN WATER ASSOC.</u>	Latitude: <u>N 32° 03.951'</u> Longitude: <u>W 089° 51.204'</u>
Mailing Address: <u>PO BOX 700</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>56.5</u> <u>18.3</u>
<u>PUCKETT</u> MS 39151	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec 26 T 3N R 4E
Telephone No. (601) <u>825.6992</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9/15/2009 Rated Pump Capacity: 1000 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: 200 Setting Depth: 439 feet Number of Stages: 8 (Full Diameter)

Pump Test Data for Non Flowing Well

Date Well Tested: 9/9/2010 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 324 Feet Below Land Surface Pumping Water Level (B): 348 Feet Below Land Surface
 Drawdown [(B) - (A)]: 24 Feet Below Land Surface Test Pumping Rate: 1038 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: Water Specialties Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 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.

DAVE COOK 0-681 11/29/2010 Dave Cook
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-4B (4/13) 2015

BY: OLWR

Copy for Folder

Copy for SWAP

Copy for Jim -

Entered a WRIMS

USGS needs a copy

then file *John*
JM