

County: Union
 Permit #: GW17117
 Driller: Parks & Parks
 Date drilling completed: 4/4/14

State Well Report
 Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box ~~10631~~ 2309
 Jackson, MS ~~39289-0631~~ 39225
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H 87
 L. 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>City of New Albany</u> Mailing Address: <u>P.O. Box 56</u> <u>New Albany, MS 38652</u> City _____ State _____ Zip Code _____ Telephone No. (<u>662</u>) <u>534-1041</u></p>	<p>Well or Borehole Location <u>34° 24' 14.528"</u> <u>89° 1' 37.495"</u> Latitude: <u>34° 48' 36.9"</u> Longitude: <u>89° 02' 08.2"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 7 Twn 7S Rng 3E</u> Distance _____ Direction _____ Nearest Town _____ <u>1 Mile</u> of <u>New Albany</u></p>
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Well / Borehole Data

Date drilling started: Feb 16 Date drilling completed: April 4 Hole depth: 1035 Hole diameter: 12" x 8"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: SAPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MARC TEAUC

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) _____

Static Water Level: 193.90 feet above or below (circle one) land surface Date measured: 5/23/14

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

Well depth: 1035 Well grouted to a depth of 930 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 930 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 935 feet to 1035 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: 835 feet. *If telescoped or more than one screen, describe on next page.*

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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:

Aquifer: _____

Well #: H 8887

Elevation: _____

County: Union
 Permit #: GW 17117
 Driller: Parks & Parks
 Date completed: 4/4/14
 Copy information from block on Part 1

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>CITY OF New Albany</u>	Latitude: <u>34° 29' 14.528"</u> Longitude: <u>89° 1' 37.485"</u>
Mailing Address: <u>P.O. Box 56</u> <u>New Albany, MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 7 T 75 R 3E</u>
Telephone No. <u>(662) 534-1041</u>	Distance _____ Direction _____ Nearest Town <u>IN TOWN of New Albany</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>5/5/14</u>	Setting Depth: <u>490</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/7/14</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>193.90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>443.90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>503</u> GPM with a drawdown of <u>250</u> feet after <u>8</u> hours of pumping
Test Pumping Rate: <u>503</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Rayburn Parks 0-414
 Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks
 Signature of Pump Installer

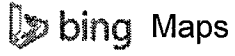
JUN 02 2014

BY: OLWR

Form: OLWR-SWR-1B

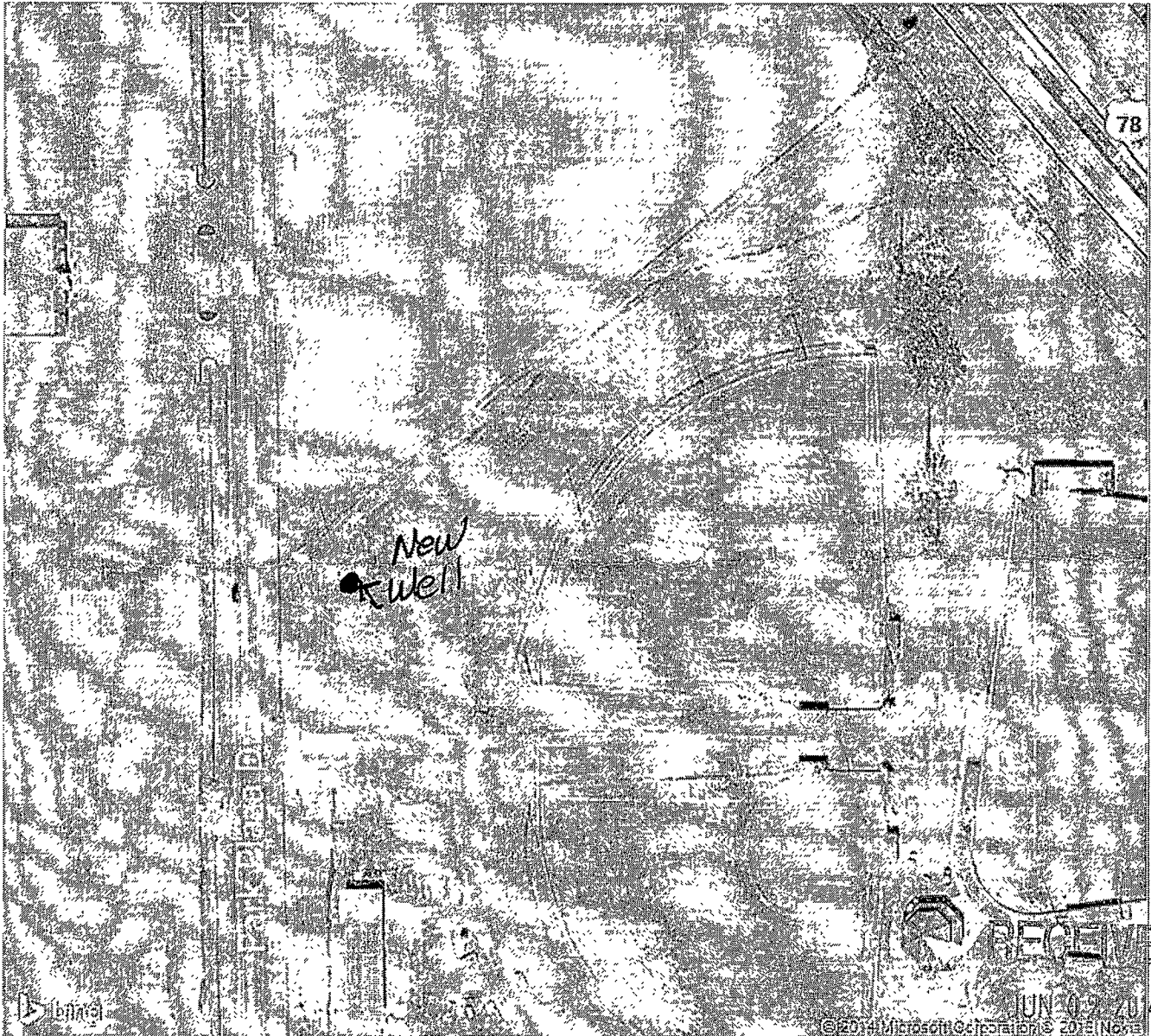
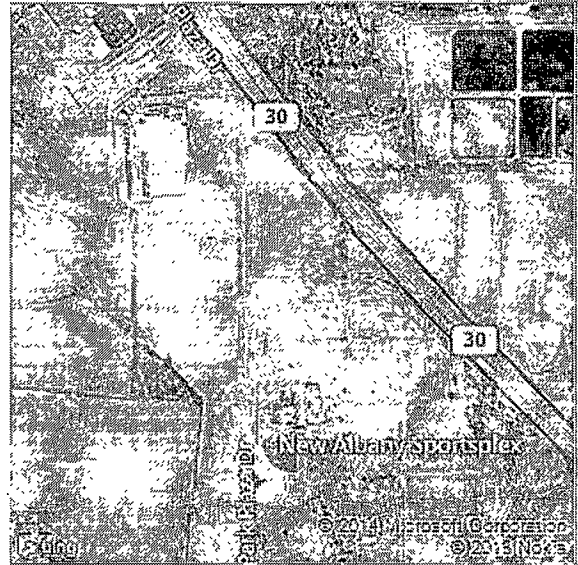
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GW17117



CITY OF NEW ALBANY
526 PARK PLAZA DR.
NEW ALBANY, MS 38652
LATITUDE: 34.487369
LONGITUDE; -89.027082

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