

DEQ 1 (4/16/12)

State Well Report

Part 1

0770004-06

For Office Use Only:

County: WAYNE
 Permit #: MSGW16698
 Driller: A-1 DRILLING SERVICES INC
 Date drilling completed: 3-1-12

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)

Aquifer: _____
 Well #: G153
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>WHISTLER WTR ASSN</u>	Latitude: <u>31°42'02"</u> Longitude: <u>88°48'27"</u>
Mailing Address: <u>5198 HIGH R4</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>WAYNESBORO MS 39367</u> City State Zip Code	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u> <u>SE 1/4 SW 1/4</u> Sec. <u>33</u> Twn. <u>9N</u> Rng. <u>BW</u>
Telephone No. <u>(601) 735-3531</u>	Distance <u>1.6</u> Miles Direction <u>W</u> of Nearest Town <u>WAYNESBORO</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 12-27-11 Date well drilling completed: 3-1-12

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

Static Water Level: 101 feet above or below (circle one) land surface Date measured: 3-1-12
T. Cas

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

Hole depth: 215 Well depth: 201 Well grouted to a depth of 136 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 136 feet Casing diameter: 12 10 inches Type of casing: Epoxyl clad bl steel

Screen length: 6 feet Screen diameter: 8 10 inches Type of screen: Wire weld 304 ss

Screen slot size: .015 inches Setting depth: From 138' feet to 201 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: 77 feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): OFFICE OF GEOLOGY

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Wilbur Baughman 0410 Wilbur Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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)

County: WAYNE
 Permit #: MSGW1667B
 Driller: A-I DRILGSEAY
 Date completed: _____

For Office Use Only:
 Aquifer: _____
 Well #: G153
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>WHISTLER WTR ASSN</u>	Latitude: <u>31 42 02</u> Longitude: <u>88 48 27</u>
Mailing Address: <u>5198 HIGHWAY 84</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>WAYNESBORO MS 39367</u>	USGS quad, (Hand-held GPS) Survey-grade GPS
City State Zip Code	<u>SE, SW</u> <u>NW 1/4 SW</u> 1/4 Sec <u>33</u> Twn <u>9N</u> Rng <u>0W</u>
Telephone No. <u>(601) 735-3531</u>	Distance Direction Nearest Town
	<u>±6</u> Miles <u>E</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>3-19-12</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>3</u>

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

NO POWER AT THIS TIME

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

Wilbur T. Bergman 0410
 Print Name of Pump Installer and License No. (if applicable)

Wilbur T. Bergman
 Signature of Pump Installer