

0800015-03

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)

For Office Use Only:

Well #: G11
Aquifer: _____
E-Log #: _____

County: Winston
Permit #: MS-GW-16997
Driller: Donald Smith Co., Inc.
Date drilling completed: 11/29/12

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Nanah Waiya Water Assoc</u>	Latitude: <u>32 59 03N</u> Longitude: <u>88 55 59W</u>
Mailing Address: <u>PO Box 491</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Louisville</u> <u>MS</u> <u>39339</u>	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>14</u> T <u>13N</u> R <u>13E</u>
City State Zip Code	<u>8</u> Miles <u>W</u> of <u>Noxapater, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8/29/12 Date drilling completed: 11/29/12 Hole depth: 302' Hole diameter: 21"

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: Potable Water used

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

Name of organization running log(s): MS Office of Geology

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: 94.5 feet [above or below] land surface Date measured: 11/14/2012
(circle one)

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

Well depth: 292 Well grouted to a depth of: 245 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 245 feet Casing diameter: 16 inches Type of casing: Coated id steel

Screen length: 40 feet Screen diameter: 10 inches Type of screen: SS

Screen slot size: .030 inches Setting depth: From 250 feet to 290 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 212 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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: G11
 Aquifer: _____

County: Winston
 Permit #: MS-GW-16997
 Driller: Donald Smith Co.
 Date completed: 6/24/13
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>Nanivh Waiya Water Assoc</u>	Latitude: <u>32 59 03N</u> Longitude: <u>88 55 59W</u>
Mailing Address: <u>P O Box 491</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Louisville, MS 39339</u>	_____ 1/4 _____ 1/4, Sec <u>14</u> T <u>13N</u> R <u>13E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 1/25/13 Rated Pump Capacity: 250 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: 15 Setting Depth: 190 feet Number of Stages: 4

Pump Test Data for Non Flowing Well

Date Well Tested: 1/31/13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 96 Feet Below Land Surface Pumping Water Level (B): 135 Feet Below Land Surface

Drawdown [(B) - (A)]: 39 Feet Below Land Surface Test Pumping Rate: 256 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: 15 psi feet.

Well yielded 256 GPM with a drawdown of 39 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 20130117

Meter Model Number/Name: ML04-06 Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Gal X 1000

Installation Date: 1/25/13 Meter installed by: Donald Smith Co., Inc

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.

Donald Smith 767 6/13/13 Donald Smith
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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