

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)

0820004-02

For Office Use Only:

Well #: 526
Aquifer: _____
E-Log #: _____

County: Yazoo
Permit #: MS-GW-16958
Driller: Layne Christensen
Date drilling completed: 12/08/13

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 Yazoo Water Assoc.</u>	Latitude: <u>N 32°44'52"</u> Longitude: <u>W 90°20'11"</u> ✓
Mailing Address: <u>PO Box 116</u>	Method of Lat/Long (check one): <u>31</u> Conventional Survey _____, <u>07</u>
Yazoo City MS 39194	USGS quad _____, Hand-held GPS <u>x</u> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>6</u> T <u>10N</u> R <u>1W</u> ✓
Telephone No. (<u>662</u>) <u>746-7531</u>	<u>6</u> Miles <u>N</u> of <u>Benton</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/28/13</u> Date drilling completed: <u>12/8/13</u> Hole depth: <u>1370'</u> Hole diameter: <u>18"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>Layne Christensen Company</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>337</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>5/7/2014</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>1370'</u> Well grouted to a depth of: <u>1320</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>1345</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u> <u>Stainless Steel</u>
Screen length: <u>50</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>Wire-Wrapped</u>
Screen slot size: <u>0.020</u> inches Setting depth: From <u>1325</u> feet to <u>1375</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>1271</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

32.7426
90.3531

County: Yazoo County

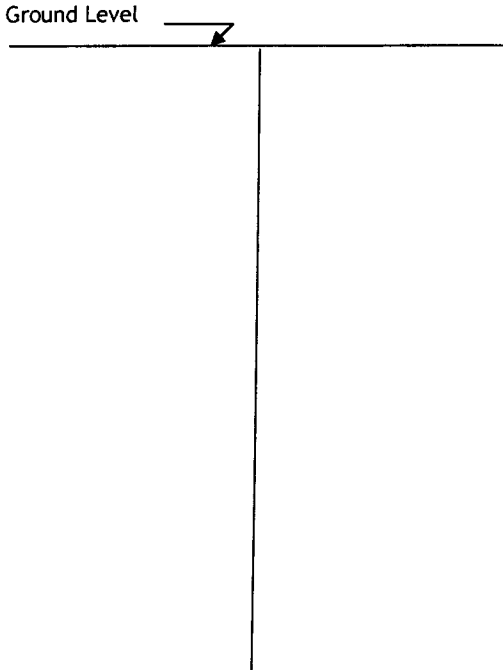
Permit #: MS-GW-16958

For Office Use Only:

Well #: 526

The sketch below only required for water wells

If well telescopes, show depths on sketch.



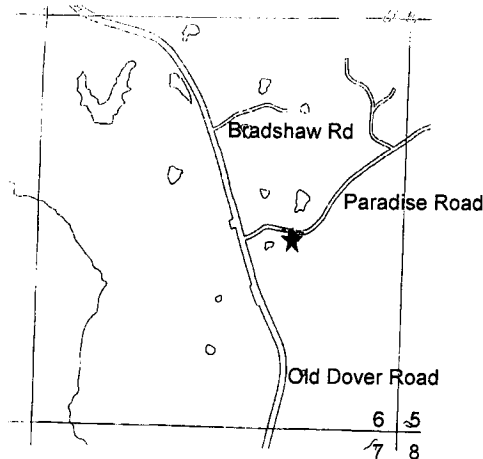
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil	0	1
Brown Clay	1	10
Brown Clay & Red Clay	10	40
Red Clay & Sand	40	70
Gravel & Blue Clay	70	130
Blue Clay	130	351
Blue Clay & Sand/White Shell	351	399
Sand & Little Clay	399	600
Coarse Sand & White Clay	600	1100
Lignite, Sandy & Blue Clay	1100	1159
Blue Clay & Sand Streaks	1159	1300
Coarse Sand	1300	1435
Clay - Blue & White	1435	1520
Sand & Clay Streaks	1520	1624

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



North



RECEIVED

RECEIVED

Not to scale

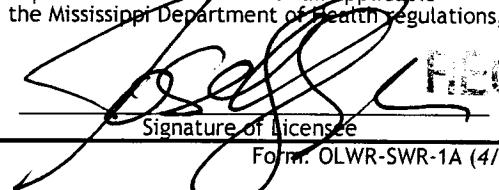
Landowner Name: Central Yazoo Water Association

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 UNR-00000766 6/27/2014

Print Name of Responsible Licensee and License No.

Date



Signature of Licensee

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

B. U/WP

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: Yazoo
 Permit #: MS-GW-16958
 Driller: Layne Christensen
 Date completed: 12/8/2013
Copy information from block on Part 1

For Office Use Only:

Well #: 326
 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 Yazoo Water Assoc.</u>	Latitude: <u>N 32°44'31.524</u> Longitude: <u>W 90°20'11.07</u>
Mailing Address: <u>PO Box 116</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
Yazoo City <u>MS</u> 39194	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>6</u> T <u>10N</u> R <u>1W</u>
City _____ State _____ Zip Code _____	<u>6.50</u> Miles <u>NE</u> of <u>Benton</u>
Telephone No. (<u>662</u>) <u>746-7531</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 1/23/2014 Rated Pump Capacity: 500 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: 100 Setting Depth: 470 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 5/7/2014 Duration of Pump Test (minimum 4 hours): 7 hours

Static Water Level (A): 337 Feet Below Land Surface Pumping Water Level (B): 400 Feet Below Land Surface

Drawdown [(B) - (A)]: 63 Feet Below Land Surface Test Pumping Rate: 513 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: _____

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.

Joey Savorgnan UNR-00000766 6/27/2014
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer