

STATE WELL REPORT

County: Clarke
 Permit #: MS-60-17349
 Driller: A-1 Drilling Serv. Inc.
 Date drilling completed: 7-20-17

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 #: H0059
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>East Quitman Water Assn.</u>	Latitude: <u>32° 3' 45.01"</u> Longitude: <u>88° 39' 30.92"</u>
Mailing Address: <u>962 CR 670</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Quitman</u> State: <u>MS</u> Zip Code: <u>39355</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. (601) <u>776-2775</u>	<u>SW^{SE} 1/4 NE^{1/4} Sec 33^N T 3N^N R 16^E</u>
	<u>± 3</u> Miles <u>East</u> of <u>Quitman</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>6-1-17</u>	Date drilling completed: <u>7-20-17</u> Hole depth: <u>320</u> Hole diameter: <u>17 3/4"</u>
Location of the source of any surface water used for drilling: <u>East Quitman Water Assn</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>9.25</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <input 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>Ms. D.E.Q.</u>	
Purpose of borehole (circle one): <u>Water Well</u> <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"/> <u>Public Supply</u> <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve <input type="checkbox"/> Other (describe) _____	
Static Water Level: <u>131</u> feet [above or <u>below</u> land surface (circle one)] Date measured: <u>7-25-17</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> <u>Electric tape</u> <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>321</u> Well grouted to a depth of: <u>281</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>Mix</u> <input type="checkbox"/>	
Casing length: <u>281</u> feet Casing diameter: <u>12 3/4</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>38</u> feet Screen diameter: <u>8 3/4"</u> inches Type of screen: <u>Stainless Steel</u>	
Screen slot size: <u>.015</u> inches Setting depth: From <u>283'</u> feet to <u>321'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>223'</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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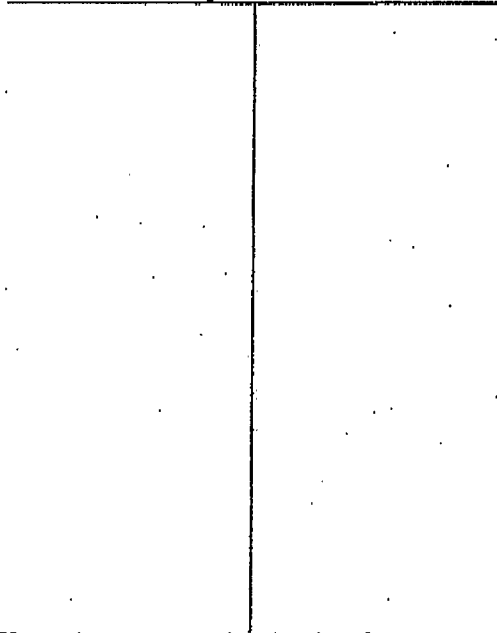
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County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Ground Level



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)
Tan Clay	Ground level	11
Orange Tan clay	11	18
Gray Sandy clay 500 ft	18	53
Brown clay	53	63
Dark brown clay	63	96
Gray Sand	96	101
Dark brown clay	101	111
Gray-green clay	111	132
Gray clay - sandy clay	132	197
Gray clay w/ sandy silt	197	236
Dark Tan sandy clay	236	251
Sand	251	260
Sandy dark brown clay	260	273
Sand	273	322
Gray clay	322	328

If more than one screen, show location of each on sketch



Landowner Name: East Quitman Water Assn.

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.

Mike Baughman 587 8-14-17 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: Clarke
 Permit #: MS-GW-17349
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 7-20-17
Copy information from block on Part 1

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 #: H0059
 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>East Quitman Water Assn</u>	Latitude: <u>32° 3' 45.07"</u> Longitude: <u>88° 39' 30.92"</u>
Mailing Address: <u>962 CR 670</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Quitman</u> State: <u>MS</u> Zip Code: <u>39355</u>	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>33</u> T <u>3N</u> R <u>16E</u>
Telephone No. (601) <u>776-2775</u>	<u>± 3</u> Miles <u>East</u> of <u>Quitman</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-3-17 Rated Pump Capacity: 230 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: 204 feet Number of Stages: 5

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 131 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: 20170566

Meter Model Number/Name: MLO4-08 Type of Meter: Propeller

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

Installation Date: 8-4-17 Meter installed by: A-1 Drilling Serv. 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.

Mike Bauduman 587 8-14-17 Mike Bauduman
 Print Name of Pump/Installer and License No. (if applicable) Date Signature of Pump Installer

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