

# STATE WELL REPORT

County: Clay  
 Permit #: MS-GW-17213  
 Driller: Donald Smith Co., Inc  
 Date drilling completed: 2/01/16

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 #: D-34  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Siloam Water Dist., Inc</u>	Latitude: <u>33 40 50N</u> Longitude: <u>88 54 19 W</u>
Mailing Address: <u>PO Box 224</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>West Point, MS 39773</u> <small>City State Zip Code</small>	<u>NW 1/4 NE 1/4, Sec 20 T 16S R 4E</u> <u>16 Miles W of West Point</u> <small>(Distance) (Direction) (Nearest Town)</small>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 10/22/15 Date drilling completed: 2/01/16 Hole depth: 944' Hole diameter: 17.5"

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: 170.09 feet [above or below land surface] (circle one) Date measured: 1/25/16

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

Well depth: 930' Well grouted to a depth of: 755' feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 750 feet Casing diameter: 12 inches Type of casing: Carbon St

Screen length: 125 feet Screen diameter: 8" inches Type of screen: Stainless

Screen slot size: .018 inches Setting depth: From 755' feet to 825' feet  
Blank - 825' - 875'

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 695 feet

*If telescoped or more than one screen, describe on next page*

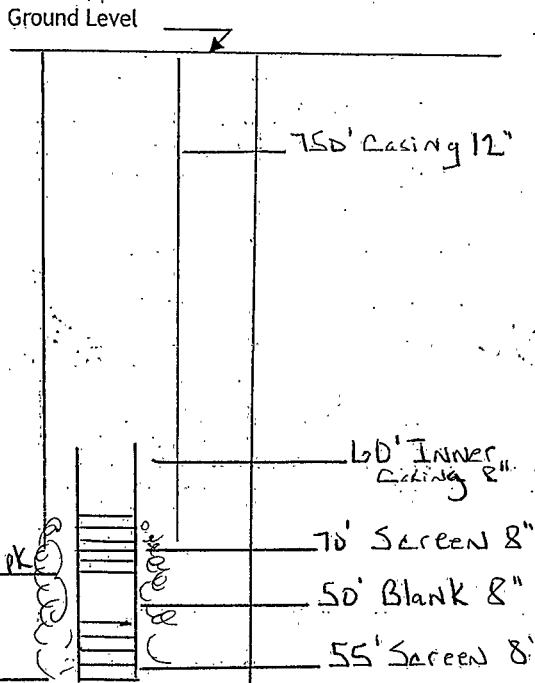
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**FEB 13 2016**

County: Clay  
 Permit #: MS-GW-17213

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



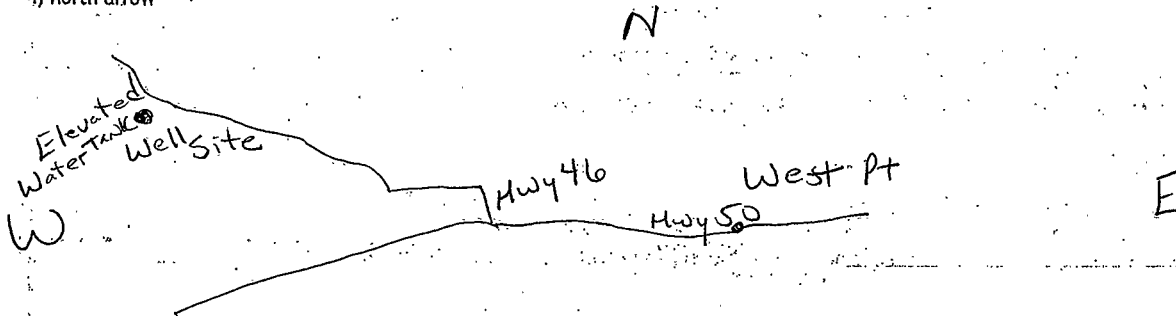
If more than one screen, show location of each on sketch

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	
Brown Clay	0	15
Limestone	15	408
Blue Clay / Strkd Sand	408	531
Rock	531	532
Blue Clay	532	584
Blue Clay, Strkd Sand	584	661
Sand	661	669
Blue Clay	669	681
Rock	681	682
Sand	682	695
Blue Clay, Strkd Sand	695	757
Rock	757	759
Blue Clay	759	789
Sand, Clay streaks	789	803
Blue Clay, Strkd Sand	803	832
Rock	832	833
Sand	833	834
Rock	834	835
Blue Clay	835	838
Tight Sand, Clay Strk's	838	855
Sand, Clay, Lignite Strk's, Chert	855	922
Strkd Sand & Shale	922	945

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



Landowner Name: S

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.

Robert Youngs Jr. UNR-5671 2/16/16 Robert Youngs Jr.  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# STATE WELL REPORT

Part 2

County: Clay  
 Permit #: MS-GW-17213  
 Driller: Donald Smith Co., Inc.  
 Date completed: 9/19/16  
*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 #: D34  
 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>Siloam Water Dist, Inc</u>	Latitude: <u>33°40'50"N</u> Longitude: <u>88°54'19"W</u>
Mailing Address: <u>Box 224</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>West Point, MS 38868</u>	_____ 1/4 _____ 1/4, Sec <u>20</u> T <u>16S</u> R <u>4WE</u>
City State Zip Code	<u>16</u> Miles <u>W</u> of <u>West Point</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5/18/16 Rated Pump Capacity: 300 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: 50 Setting Depth: 336 feet Number of Stages: 13

**Pump Test Data for Non Flowing Well**

Date Well Tested: 08/02/16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 170.09 Feet Below Land Surface Pumping Water Level (B): 234 Feet Below Land Surface

Drawdown [(B) - (A)]: 64 Feet Below Land Surface Test Pumping Rate: 326 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: McCrometer Meter Serial Number: UM20160279

Meter Model Number/Name: UM06-06 Type of Meter: Mag

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

Installation Date: 5/19/16 Meter installed by: Donald Smith Company

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.

Robert Young UNR 5671 10/10/16 Robert Young  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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