

049 F0081

# 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)

County: Hinds  
 Permit #: MS-GW-17043  
 Driller: Trymonne Williams  
 Date drilling completed: 04/25/16

**For Office Use Only:**  
 Well #: F0081  
 Aquifer: CCKF  
 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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)			<b>Well or Borehole Location</b> 90 21 24.3		
Owner Name: <u>City of Clinton</u>			Latitude: <del>32 24 4"</del> <u>32.362111</u> Longitude: <del>90 21 20"</del> <u>90.356750</u>		
Mailing Address: <u>Post Office Box 156</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <input type="checkbox"/> , Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>		
<u>Clinton</u>	<u>MS</u>	<u>39060</u>	NE <u>1/4</u> SW <u>1/4</u> , Sec <u>13</u> T <u>6N</u> R <u>2W</u>		
City	State	Zip Code	Well is at back of park behind Fire Station #3 on Northside Drive		
Telephone No. ( <u>601</u> ) <u>924-5474</u>			Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

location confirmed by WW/RH using GPS on 3/8/17

**Well / Borehole Data**

Date drilling started: 06/10/15 Date drilling completed: 08/10/15 Hole depth: 1040 Hole diameter: 12.25

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: Bucket

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

Name of organization running log(s): Layne Christensen

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: 257 feet [above or below land surface Date measured: 08/31/15  
 (circle one)

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

Well depth: 980 Well grouted to a depth of: 895 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 895 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 10 inches Type of screen: Rod Based

Screen slot size: .02 inches Setting depth: From 900 feet to 890-980 feet

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

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

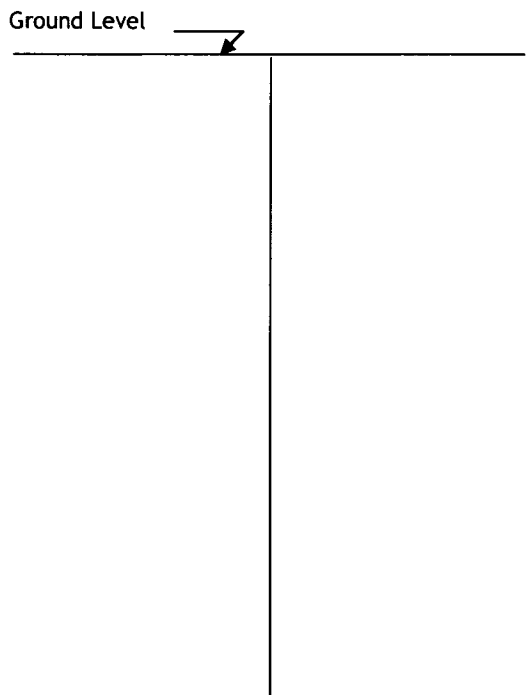
Top of lap pipe or reduction in casing: ~~4020~~ 820 feet

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

County: Hinds  
 Permit #: MS-GW-17043

**For Office Use Only:**  
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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	
Top soil & clay	20	20
Clay & sandstone	40	20
Sand	60	20
Clay & sand	80	20
Clay	100	20
Sand & clay	180	80
Clay	600	420
Clay, shell, & sand	700	100
Sandy Clay	800	100
Sand & clay	820	20
Clay & sand	860	40
Sand	980	120
Half sand & half clay	1000	20
Clay & sand	1020	20
Clay	1040	20

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

NOT TO SCALE

Landowner Name: City of Clinton

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.

Joseph Savorganan      0-766      02/15/2017  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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: <u>Hinds</u>
Permit #: <u>MS-GW-17043</u>
Driller: <u>Trymonne Williams</u>
Date completed: _____
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>	
Well #: <u>F0081</u>	Aquifer: <u>CCKF</u>

*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>City of Clinton</u>	Latitude: <del><u>32 24 4"</u></del> Longitude: <del><u>90 21 28"</u></del>
Mailing Address: <u>Post Office Box 156</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ,
<u>Clinton</u> <u>MS</u> <u>39060</u>	USGS quad <input type="checkbox"/> , Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. ( <u>601</u> ) <u>924-5474</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
Submersible <input checked="" type="radio"/> Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____	
Date Pump Installed: <u>01/05/16</u>	Rated Pump Capacity: <u>1000</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New Repaired Replacement	

Power Type (circle one)	
<input checked="" type="radio"/> Electric Diesel <input checked="" type="radio"/> Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____	
Horse Power Rating of Motor: <u>200</u>	Setting Depth: <u>402</u> feet Number of Stages: <u>7</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>08/31/15</u>	Duration of Pump Test (minimum 4 hours): <u>24</u> hours
Static Water Level (A): <u>257'</u> Feet Below Land Surface	Pumping Water Level (B): <u>325'</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>37'</u> Feet Below Land Surface	Test Pumping Rate: <u>1380</u> Gallons Per Minute
Method of measurement (circle one): Steel tape <input checked="" type="radio"/> 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: <u>Water Specialties</u>	Meter Serial Number: <u>210161158</u>
Meter Model Number/Name: <u>ML04</u>	Type of Meter: <u>Propeller</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: <u>07/19/16</u>	Meter installed by: <u>Layne</u>
Is This Meter (circle one): <input checked="" type="radio"/> New Repaired Replacement	
<i>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>	

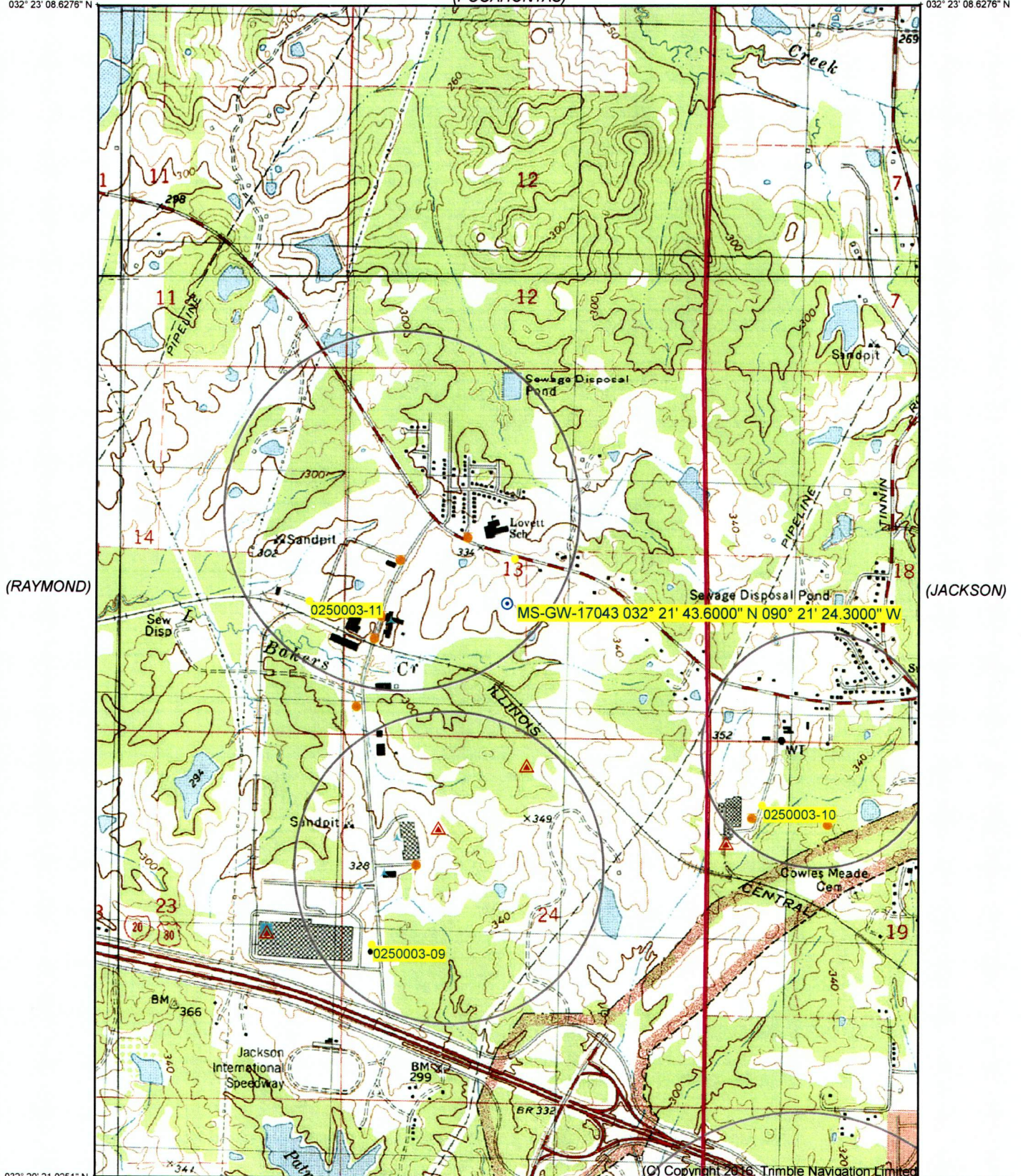
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Joseph Savorganan</u>	<u>0-766</u>	<u>02/15/17</u>
Print Name of Pump Installer and License No. (if applicable)		Date
		Signature of Pump Installer



090° 22' 33.9029" W  
032° 23' 08.6276" N

(POCAHONTAS)

090° 20' 13.8292" W  
032° 23' 08.6276" N



032° 20' 21.0251" N  
090° 22' 33.9029" W

032° 20' 21.0251" N  
090° 20' 13.8292" W

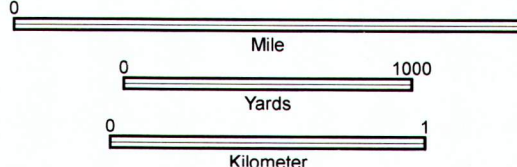
(TERRY NW)

Declination



GN 1.41° E  
MN 0.76° W

(NEW BYRAM)  
SCALE 1:24000



CONTOUR INTERVAL 20 FT

(FLORENCE)

Produced by Trimble Terrain Navigator Pro  
Topography based on USGS 1:24,000  
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American  
1927 move the projection lines 16M N and  
9M W

32090-C3-TM-024  
CLINTON, MS  
JAN 1, 1980

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Printed Wed Mar 08, 2017