

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: **F83**
Aquifer: _____
E-Log #: _____

County: Hinds
Permit #: MS-GW-17343
Driller: Edwin Stephensen
Date drilling completed: 4-18-2018

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>City of Clinton</u>	Latitude: <u>N32 22 21</u> Longitude: <u>W90 23 58</u>
Mailing Address: _____ <u>PO Box 156</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clinton</u> MS <u>39060</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>09</u> T <u>06N</u> R <u>02W</u>
City State Zip Code	_____ Miles _____ of <u>Bolton, MS</u> <i>(Distance) (Direction) (Nearest Town)</i>
Telephone No. (____) _____	

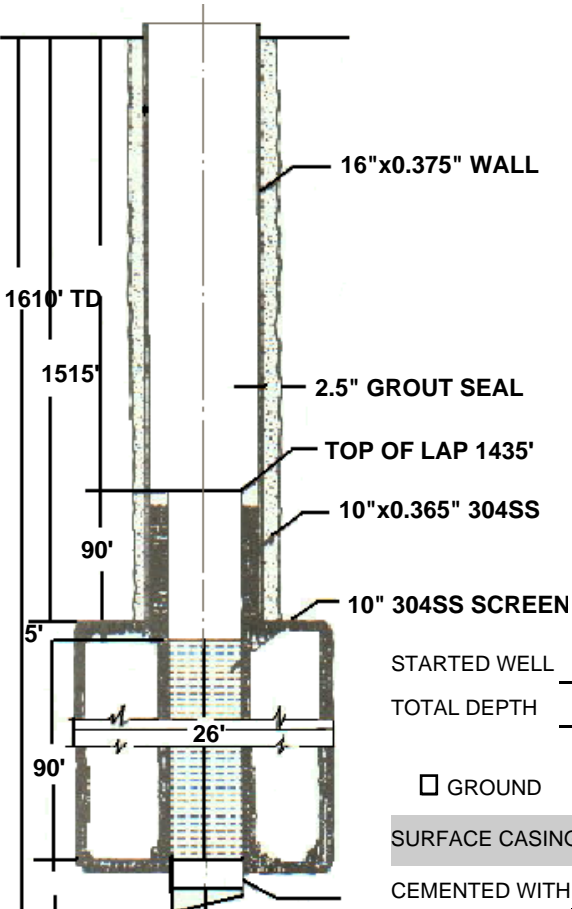
Well / Borehole Data
Date drilling started: <u>1-6-18</u> Date drilling completed: <u>4-18-18</u> Hole depth: <u>1950</u> Hole diameter: <u>12.25"</u>
Location of the source of any surface water used for drilling: <u>Fire hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>5 gallon bucket</u>
Logs run (check all applicable): <input type="checkbox"/> 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 Other: _____
Name of organization running log(s): <u>Layne Christensen Company</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <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>260</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>4-18-2019</u> <i>(check one)</i>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>1610'</u> Well grouted to a depth of: <u>1515</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>1515</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>Steel</u>
Screen length: <u>90</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>SS, wire wrap</u>
Screen slot size: <u>.025</u> inches Setting depth: From <u>1520</u> feet to <u>1610</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>1435</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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WELL INSTALLATION

LOG OF WELL FOR CITY OF CLINTON WELL NO. _____
 ADDRESS (CITY) _____ (COUNTY) _____ STATE MS
 LOCATION OF WELL N NORRELL RD. CONTINENTAL TIRE MADE IN TEST HOLE NO. 1



CONTRACT NO. WGK 2016-500-03

STARTED WELL January 2018 COMPLETED WELL TBD
 TOTAL DEPTH 1610' ELEVATION _____ STATIC WATER LEVEL 260'

ALL MEASUREMENTS TAKEN FROM
 GROUND TOP OF FOUNDATION TOP OF CASING TOP BASE PLATE

SURFACE CASING SIZE 24" LENGTH 68' THICKNESS .312 T & C WELDED
 CEMENTED WITH _____ SACKS CEMENT CLASS A OR PACKER TYPE _____

WELL CASING SIZE 16" LENGTH 1515' WEIGHT .375 T & C WELDED
 CEMENTED WITH TBD SACKS CEMENT CLASS A, 8% GEL OR PACKER TYPE _____

INNER CASING SIZE 10" LENGTH 90' TYPE MATERIAL 304 STAINLESS STEEL T & C WELDED
 WITH 10" X 16" (GUIDES LOCATED) 40', 80' TYPE BACKOFF LH THREAD

SIZE SEAL N/A BACKPRESSURE VALVE YES NO SIZE 6" LENGTH GUIDE _____

WELL STRAINER MAKE Johnson Screen TYPE WIRE WRAPPED ROD SIZE 10" LENGTH 90'
 OPENING .025" TYPE MATERIAL STAINLESS STEEL WITH WELDED CONNECTIONS

SIZE HOLE DRILLED FOR SURFACE CASING 30" WITH DIRECT MUD BIT
 SIZE HOLE DRILLED FOR WELL CASING 21" WITH DIRECT MUD BIT
 SIZE HOLE DRILLED FOR STRAINER 26" WITH DIRECT MUD UNDERREAM REAMER

YARDS GRAVEL USED 13 HOW PLACED TREMMIE LINE TYPE 16/30 S. FILTER

HOW WAS WELL DEVELOPED SURGE BLOCK, AIRLIFTING SAND? _____ CLEAR? _____

FOUNDATION INSTALLED YES NO DEPTH FEELING LINE/RODS _____ TOP OF WELL _____

NOTES: UPPER 16" CASING EPOXY COATED ID

RIG USED GD 3000 SUPERINTENDENT BARRY CROOK DRILLER EDWIN STEPHENSEN

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 #: **F83**
 Aquifer: _____

County: **Hinds**
 Permit #: **MS-GW-17343**
 Driller: **Edwin Stephensen**
 Date completed: **4-18-2019**
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>City of Clinton, MS</u>	Latitude: <u>N32 22 21</u> Longitude: <u>W90 23 58</u>
Mailing Address: <u>PO Box 156</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clinton</u> MS <u>39060</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>09</u> T. <u>06N</u> R. <u>02W</u>
City State Zip Code	<u> </u> Miles of <u>Bolton, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 11-17-2018 Rated Pump Capacity: 800GPM Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 150HP Setting Depth: 400 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 5-24-2018 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 263 Feet Below Land Surface Pumping Water Level (B): 298 Feet Below Land Surface

Drawdown [(B) - (A)]: 34.79 Feet Below Land Surface Test Pumping Rate: 800 Gallons Per Minute

Method of measurement (check 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: _____

Meter Model Number/Name: ML04 Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): 100 gal

Installation Date: 12-15-2019 Meter installed by: Layne Christensen

Is This Meter (check one): New Repaired Replacement

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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.

<u>Jace A. Rawls</u>	<u>04588</u>	<u>07-01-19</u>	<u>Jace A. Rawls</u>
Print Name of Pump Installer and License No. (if applicable)		Date	Signature of Pump Installer

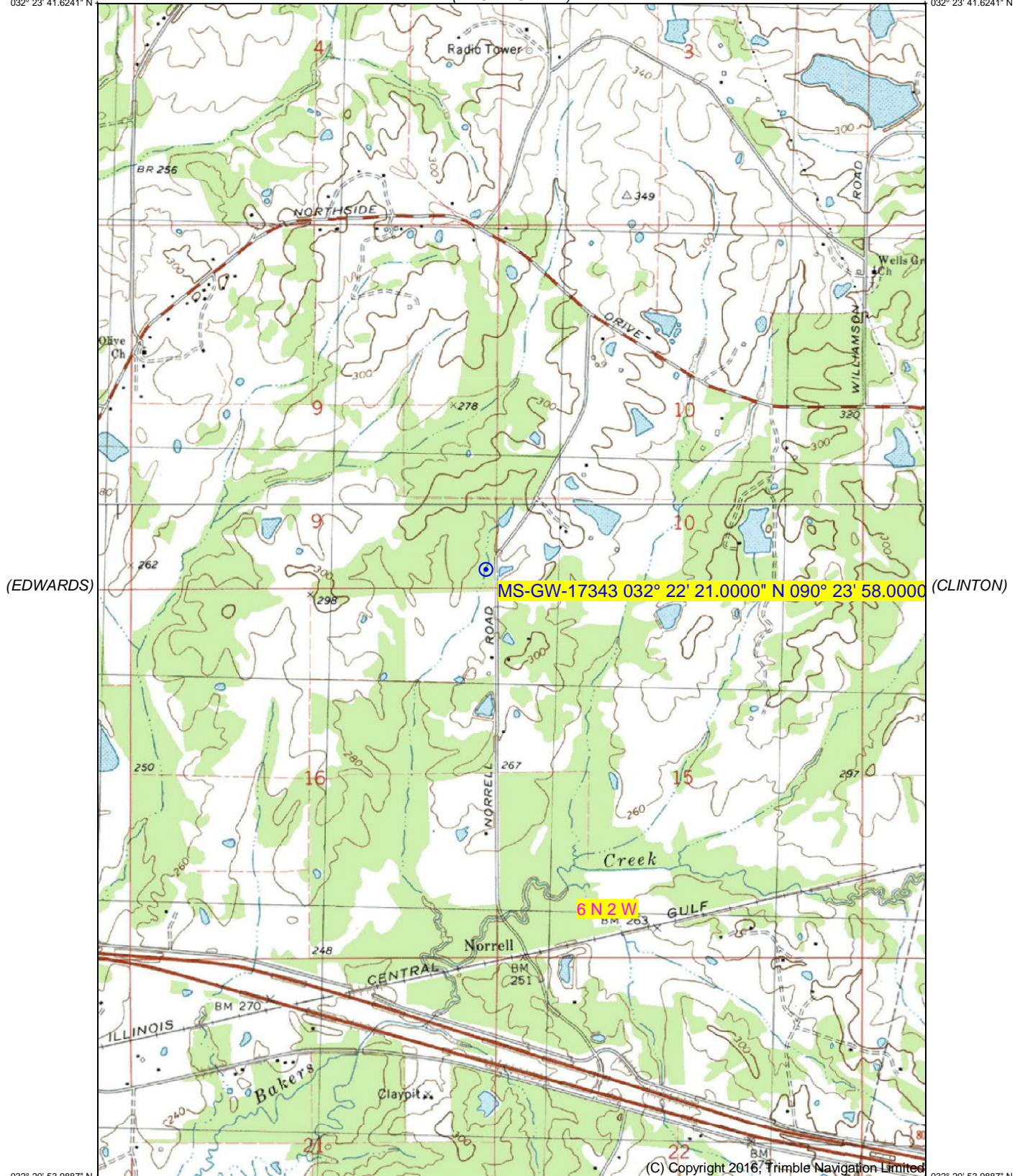
(QUEENS HILL LAKE)



090° 25' 03.4827" W
032° 23' 41.6241" N

(BROWNSVILLE)

090° 22' 43.3558" W
032° 23' 41.6241" N



032° 20' 53.9887" N
090° 25' 03.4827" W

(C) Copyright 2016, Trimble Navigation Limited

032° 20' 53.9887" N
090° 22' 43.3558" W

(LEARNED)

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

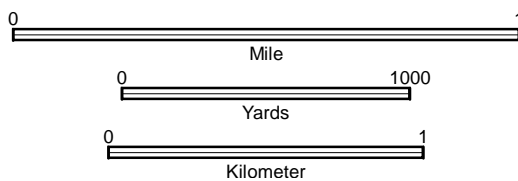
North American 1983 Datum (NAD83)

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

Declination



(TERRY NW)
SCALE 1:24000



CONTOUR INTERVAL 20 FT

(NEW BYRAM)

32090-C4-TM-024
RAYMOND, MS
JAN 1, 1980