

# 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  
(601)961-5210  
(601)961-5228 (fax)

County: HINDS  
Permit #: 16847  
Driller: DONALD SMITH CO.  
Date drilling completed: 10/18/11 \*  
\*Substantial Completion

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H 226  
L. S. Elevation: \_\_\_\_\_  
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.

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>MS Baptist Health Systems</u>                                 | Latitude: <u>32° 18' 53"N</u> Longitude: <u>90° 10' 53"W</u>  |
| Mailing Address: <u>1225 N. State ST.</u>                                    | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| <u>JACKSON</u> MS <u>39202</u>   | <u>NW 1/4 NE 1/4 Sec 34</u> Twn <u>6N</u> Rng <u>1E</u>   |
| City State Zip Code  | Distance Direction Nearest Town<br>Miles of   |
| Telephone No. <u>(601) 906-5229</u>  |   |

Well/Borehole Data  
Date drilling started: 3-2011 Date drilling completed: 6-16-11 Hole depth: 805 LOG Hole diameter: 9 7/8"  
Location of the source of any surface water used for drilling: NONE  
Method of dosing and volume of Chlorine used in drilling and development: CITY WATER & Sodium Hypochlorite  
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 (check 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 (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply  Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 328.8 feet above or (below) (circle one) land surface Date measured: 5/11/11  
Method of Measurement (circle one) steel tape (electric tape) air line other: \_\_\_\_\_  
Well depth: 734' Well grouted to a depth of 643 feet Type of grout (circle one): (Neat Cement) Bentonite Mix  
Casing length: 643 feet Casing diameter: 16 inches Type of casing: STEEL  
Screen length: 86 feet Screen diameter: 10 inches Type of screen: WIRE WRAP ST STEEL  
Screen slot size: .015 inches Setting depth: From 648 feet to 734 feet  
Type of completion (circle all applicable): (Gravel packed) (Underreamed) Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: 568 feet. *If telescoped or more than one screen, describe on next page*

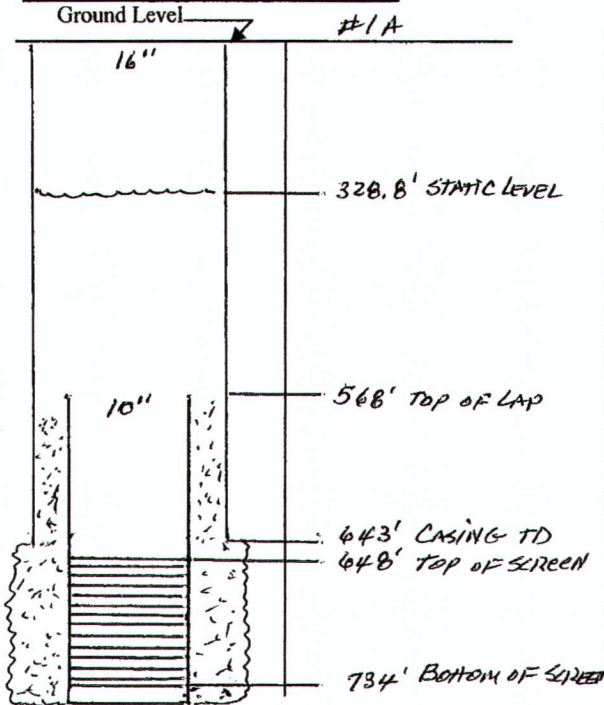
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

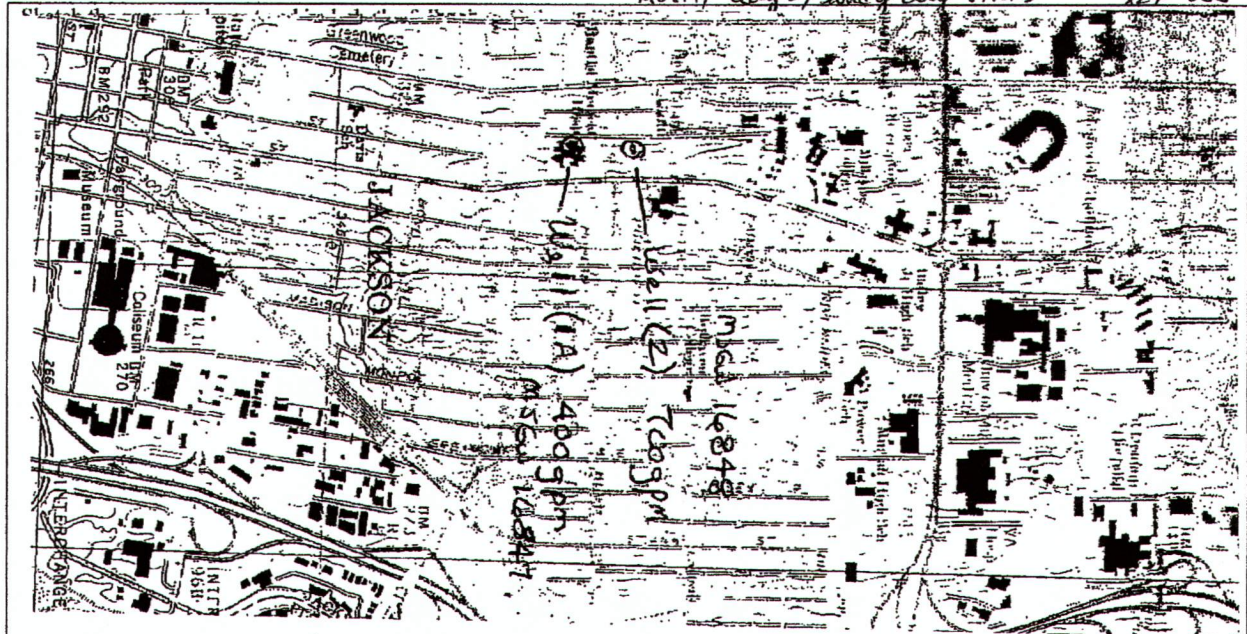
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered   | From (depth) | To (depth) |
|---|--------------|------------|
| Fell dirt, brown clay to Green clay     | Ground Level | 31         |
| Green clay to Sandy clay                | 31           | 62         |
| Sandy clay/clay brk(n) shale STRKS/clay | 62           | 93         |
| mostly clay/sand brk w/shale → clay     | 93           | 120        |
| clay w/shale STRKS                      | 120          | 150        |
| clay/lignite STRKS                      | 150          | 181        |
| mostly clay w/shale (w) lignite STRKS   | 181          | 210        |
| clay w/sandy clay / STRKS               | 210          | 241        |
| clay/sandy clay / lignite STRKS         | 241          | 270        |
| Sandy clay/sandy brk/sandy clay         | 270          | 299        |
| clay n sandy clay w/some shell STRKS    | 299          | 331        |
| Sandy/sandy clay                        | 331          | 362        |
| Sandy clay w/shale STRKS                | 362          | 393        |
| Sandy clay/shale brk                    | 393          | 424        |
| Shale brk/sandy clay/clay STRKS         | 424          | 455        |
| Sandy clay/sandy                        | 455          | 485        |
| Sandy/sand clay                         | 485          | 516        |
| Sandy clay                              | 516          | 546        |
| Sandy/sandy clay                        | 546          | 576        |
| Sandy clay/sandy                        | 576          | 605        |
| Sandy/w STRKS sandy clay                | 605          | 637        |
| Sandy                                   | 637          | 668        |
| Sandy mostly                            | 668          | 699        |
| Sandy                                   | 699          | 730        |
| Sandy/Sandy clay w/shale STRKS          | 730          | 760        |
| Sandy clay/sandy                        | 760          | 792        |
| Sandy clay w/shale STRKS                | 792          | 824        |
| mostly clay w/sandy clay STRKS          | 824          | 855        |

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



Landowner Name: MS. BAPTIST HEALTH SYSTEMS

Form: OLWR-SWR-1A (04/08)

I 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 law.

Donald E. Smith #767 12-14-72

DONALD E. SMITH

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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# 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: HINDS  
 Permit #: \_\_\_\_\_  
 Driller: DONALD SMITH CO  
 Date completed: \_\_\_\_\_  
 #1A  
 Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H226  
 Elevation: \_\_\_\_\_

*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.*

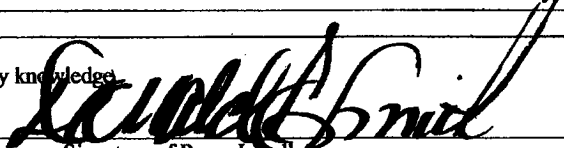
| Well Owner Information                      | Well Location   |
|---|---|
| Owner Name: <u>MS BAPTIST Health SYSTEM</u> | Latitude: <u>32° 18' 53" N</u> Longitude: <u>90° 10' 53" W</u>                              |
| Mailing Address: <u>1225 N. STATE ST</u>    | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>JACKSON</u> <u>MS</u> <u>39202</u>       | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                         | <u>NW 1/4 NE 1/4 Sec 34 T 6N R 1E</u>   |
| Telephone No. <u>(601) 906-5229</u>         | Distance Direction Nearest Town   |
|   | _____ Miles _____ of _____  |

| Pump Type<br>Circle one                            | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet Submersible                           | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                       | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                    | Windmill Other (specify): _____           |
| Other (specify): _____                             | Horse Power Rating of Motor: <u>100</u>   |
| Date Pump Installed: _____                         | Setting Depth: <u>500</u> feet            |
| Rated Pump Capacity: <u>400</u> Gallons Per Minute | Number of Stages: <u>13</u>               |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one       |
|--|---|
| Date Well Tested: _____                                      | <u>Air Line</u> Electric Measuring Line Steel Tape  |
| Static Water Level (A): <u>328.8</u> Feet Below Land Surface | Other (specify): _____                              |
| Pumping Water Level (B): _____ Feet Below Land Surface       | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface          | Well yielded _____ GPM with a drawdown of _____     |
| Test Pumping Rate: _____ Gallons Per Minute                  | _____ feet after _____ hours of pumping             |
| Duration of Pump Test (minimum 4 hours): _____ hours         |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Donald E. Smith #767  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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