

0310016-04

## STATE WELL REPORT

County: Jaspr  
 Permit #: 02016979  
 Driller: Griner Drilling Service, Inc.  
 Date drilling completed: 1-18-13

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 #: B18  
 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>Tallahala Water Association</u>			Latitude: <u>32 11'42.32 "N</u> Longitude: <u>89 10'26.14"W</u>		
Mailing Address: <u>Post Office Box 354</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Bay Springs</u>	<u>Mississippi</u>	<u>39422-0354</u>	<u>SW 1/4 SE 1/4, Sec 9 T 4N R 11E</u>		
City	State	Zip Code	<u>7</u> Miles	North of	<u>Montrose</u>
Telephone No. ( <u>601</u> ) <u>764-2655</u>			(Distance)	(Direction)	(Nearest Town)

Well / Borehole Data	
Date drilling started: <u>10-4-12</u>	Date drilling completed: <u>1-18-13</u> Hole depth: <u>1000</u> Hole diameter: <u>18.5</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Sonic</u> <u>Neutron</u> Other: _____	
Name of organization running log(s): <u>Griner Drilling Service, Inc</u>	
Purpose of borehole (circle one): <u>Water Well</u> <u>Geotechnical/Geological Investigation</u> <u>Ground Source Heat Pump</u> <u>Seismic Survey</u> 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 <u>Industrial</u> <u>Public Supply</u> <u>Irrigation</u> <u>Fish Culture</u>	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>403.85</u> feet [above or below] land surface Date measured: <u>2-25-13</u> (circle one)	
Method of measurement (circle one): Steel tape <u>Electric tape</u> <u>Air line</u> Other (describe): _____	
Well depth: <u>750</u> Well grouted to a depth of: <u>700</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> <u>Mix</u>	
Casing length: <u>700</u> feet Casing diameter: <u>12.75</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>40</u> feet Screen diameter: <u>8.625</u> inches Type of screen: <u>Munipak</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>710</u> feet to <u>750</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> <u>Open hole</u> <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>628</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A (4/13)



# 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: Jasper  
 Permit #: OLWR-16-979  
 Driller: Griner Drilling Service, Inc  
 Date completed: 6-7-13  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: B18  
 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>Tallahala Water Association</u>	Latitude: <u>32 11'42.32 " N</u> , Longitude: <u>89 10'26.14"W</u>
Mailing Address: <u>Post Office Box 354</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Bay Springs</u> <u>Mississippi</u> <u>39422-0354</u>	_____ $\frac{1}{4}$ _____ $\frac{1}{4}$ , Sec <u>9</u> T <u>4N</u> R <u>11E</u>
City _____ State _____ Zip Code _____	<u>7</u> Miles <u>North</u> of <u>Montrose</u>
Telephone No. ( <u>601</u> ) <u>764-2655</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5-20-13 Rated Pump Capacity: 400 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: 60 Setting Depth: 480 feet Number of Stages: 6

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-6-13 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 400 Feet Below Land Surface Pumping Water Level (B): 432.35 Feet Below Land Surface

Drawdown [(B) - (A)]: 32.35 Feet Below Land Surface Test Pumping Rate: 401 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: 346.50 feet.

Well yielded 401 GPM with a drawdown of 32.35 feet after 24 hours of pumping

**Meter Installation**

Meter Manufacturer: McCrometer Meter Serial Number: 20131250

Meter Model Number/Name: ML 04 Type of Meter: propeller

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

Installation Date: 6-3-13 Meter installed by: Griner Drilling

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.

Dan Tuggle 10-7-13 Dan Tuggle  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer