

310012-05

### 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: Jasper  
 Permit #: GW-17152  
 Driller: A-1 Drilling Serv. Inc.  
 Date drilling completed: 1-30-15

For Office Use Only:  
 Well #: N-67  
 Aquifer: CLKF  
 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>Stringer W.A. Well #5</u>	Latitude: <u>31°59' 29" N</u> Longitude: <u>89° 15' 21" W</u>
Mailing Address: <u>P.O. Box 97</u>	Method of Lat./Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Stringer</u> <u>Ms.</u> <u>39481</u> City State Zip Code	<u>NE</u> ¼ <u>SE</u> ¼, Sec. <u>22</u> T. <u>1N</u> R. <u>10E</u>
Telephone No. <u>(601) 699-2955</u>	<u>± 4</u> Miles <u>N</u> of <u>Stringer</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data 340'

Date drilling started: 12-2-14 Date drilling completed: 1-30-15 Hole depth: 340' Hole diameter: 17 1/2"

Location of the source of any surface water used for drilling: Stringer W.A.

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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

Name of organization running log(s): Ms. DEQ

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: 99 feet [above or  below] land surface Date measured: 2-6-15  
(circle one)

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

Well depth: 318' Well grouted to a depth of: 264 feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 269 feet Casing diameter: 12 inches Type of casing: Steel (epoxy ctd)

Screen length: 55 feet Screen diameter: 10 inches Type of screen: Bar. well 55

Screen slot size: .015 inches Setting depth: From 263 feet to 318 feet

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

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

Top of lap pipe or reduction in casing: 188 feet

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

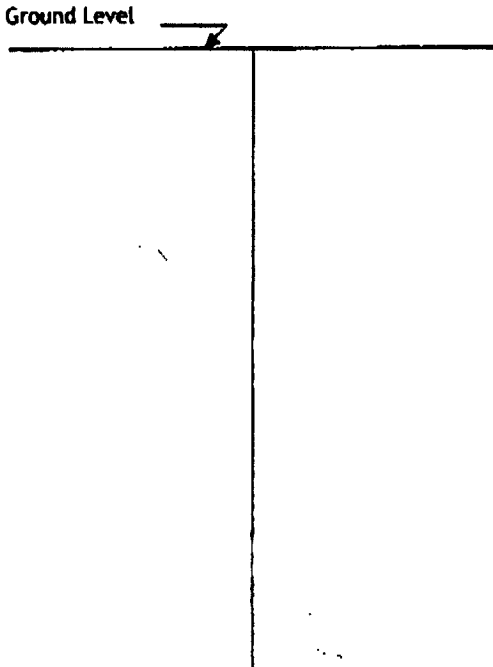
GW 17152

County: Jasper  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: N67

The sketch below only required for water wells

If well telescopes, show depths on sketch.



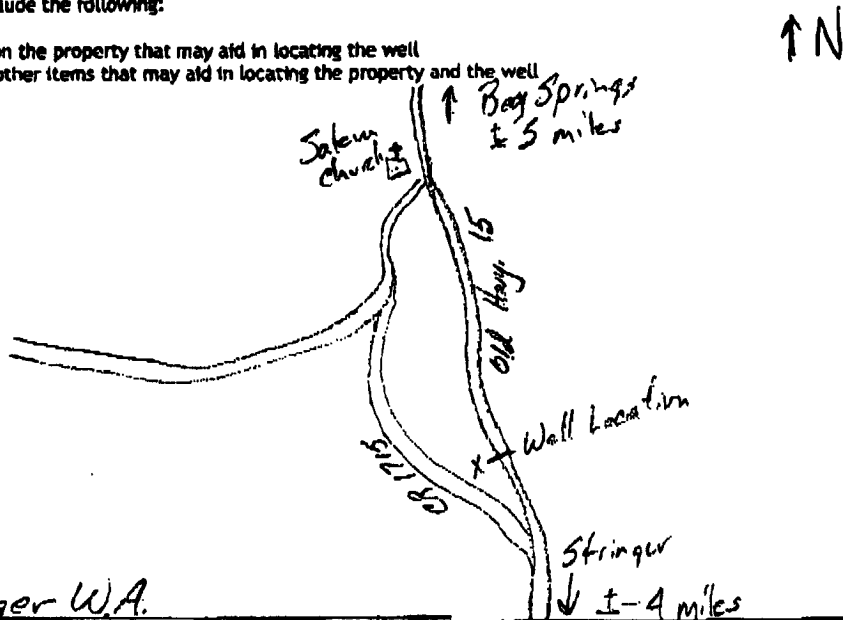
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	1
Tan clay	1	10
White clay	10	20
Tan clay	20	25
Gray clay	25	43
Sand	43	185
gray clay w/sandstone	185	195
gray clay w/sea shells	195	207
Dark gray clay	207	218
Sand & clay w/sea shells	218	241
gray clay	241	257
Sand	257	261
Rock	261	261 1/2
Sand	261 1/2	320
Clay	320	340

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

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: Stringer W.A.

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.

Mike Baughman 0587 2-19-15  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 Signature of Licensee

# STATE WELL REPORT

Part 2

County: Jasper  
 Permit #: MP-3014850-1  
 Driller: A-1 Drilling Serv. Inc  
 Date completed: 1-30-15  
 Copy information from block on Part 1

152  
**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 #: N67  
 Aquifer: CLKF

*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>Stringer W.A.</u>	Latitude: <u>31° 59' 29" N</u> Longitude: <u>89° 15' 21" W</u>
Mailing Address: <u>P.O. Box 97</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>Stringer</u> <u>Ms.</u> <u>39481</u> City State Zip Code	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>22</u> T <u>1N</u> R <u>10E</u>
Telephone No. ( <u>601</u> ) <u>649-2855</u>	<u>1.4</u> Miles <u>N</u> of <u>Stringer</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5-13-15 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: 240 feet Number of Stages: 13

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-15-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 101 Feet Below Land Surface Pumping Water Level (B): 190 Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 386 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: Water Specialties Meter Serial Number: 20151073

Meter Model Number/Name: M404 Type of Meter: propeller

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

Installation Date: 6-15-15 Meter installed by: A-1 Drilling Service Inc.

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.

Mike Baughman 587 7-30-15  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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