

# STATE WELL REPORT

## Part I

### 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 #: 00026  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jasper  
Permit #: 17192  
Driller: A-1 Drilling Serv. Inc.  
Date drilling completed: 3-23-16

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Tallahala Water Assn.</u>	Latitude: <u>31° 21' 24" N</u> Longitude: <u>89° 8' 44" W</u>
Mailing Address: <u>198 Hwy. 528</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Bay Springs</u> <u>Ms</u> <u>39422</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec. <u>26</u> T. <u>1N</u> R. <u>11E</u>
City State Zip Code	<u>± 9</u> Miles <u>SE</u> of <u>Bay Springs</u>
Telephone No. <u>(601) 764-2655</u>	(Distance) (Direction) (Nearest Town)

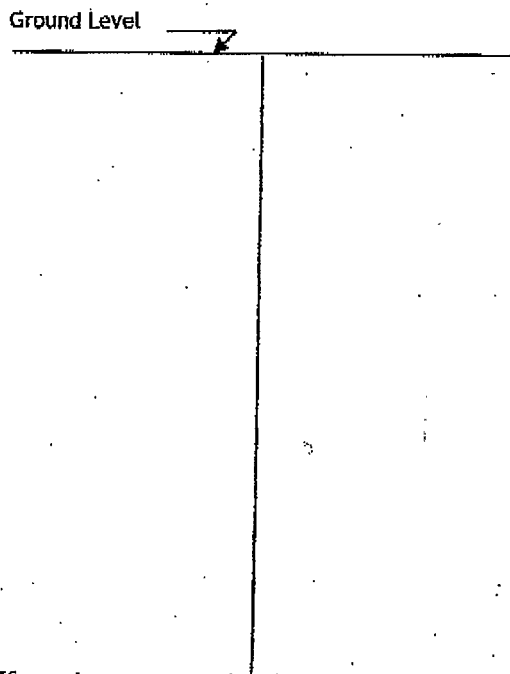
Well / Borehole Data
Date drilling started: <u>11-2-16</u> Date drilling completed: <u>3-23-16</u> Hole depth: <u>300'</u> Hole diameter: <u>17 3/4"</u>
Location of the source of any surface water used for drilling: <u>Tallahala Water Assn.</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>Ms. DEQ</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> <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>129'</u> feet (above or <input checked="" type="checkbox"/> below land surface) Date measured: <u>3-23-16</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>290'</u> Well grouted to a depth of: <u>259'</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>259'</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>
Screen length: <u>30.75</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>Bar-weld SS</u>
Screen slot size: <u>.015</u> inches Setting depth: From <u>259.25</u> feet to <u>290</u> feet
Type of completion (circle 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>196.25</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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County: Talshala  
 Permit #: 17192

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The sketch below only required for water wells  
If well telescopes, show depths on sketch.

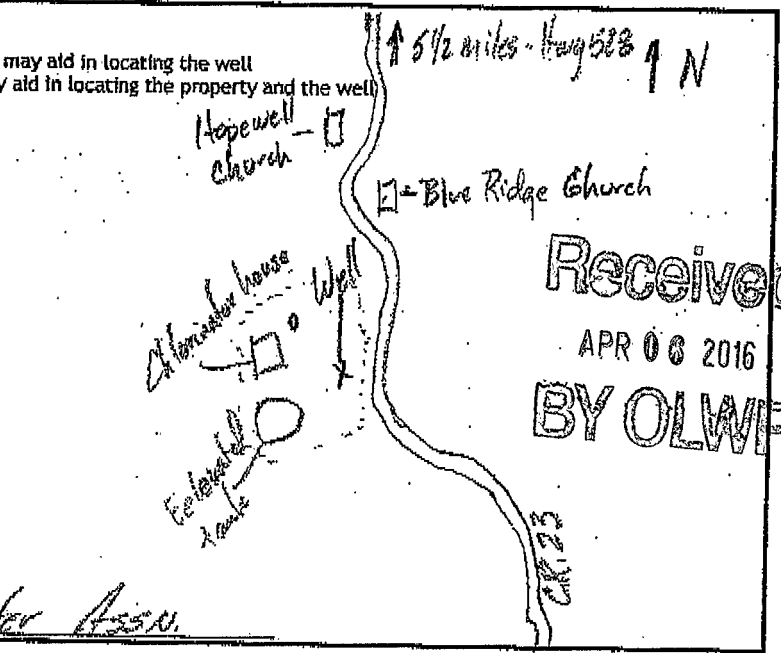


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red sandy clay	Ground level	42
clay	42	45
Sandy clay mixed	45	60
tan clay	60	75
gray clay	75	138
Rock	138	139 1/2
gray clay	139 1/2	163
Rock	163	164
gray clay w/ rock ledges	164	180
gray clay	180	184
Rock	184	185
light gray clay	185	202
Rock	202	205
gray clay	205	253
gray clay w/ sandy silt	253	259
Rock	259	259 1/2
Sand	259 1/2	294
clay	294	300

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: Tallahala Water Assn.

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 Bawhman 587      4-6-16      Mike Bawhman  
 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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

For Office Use Only:

Well #: 00026  
Aquifer: \_\_\_\_\_

County: Jasper  
Permit #: 17192  
Driller: A-1 Drilling Serv. Inc.  
Date completed: 3-23-16  
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		53' Well Location	
Owner Name: <u>Tallahala Water Assn.</u>		Latitude: <u>31° 51' 24" N</u>	Longitude: <u>89° 8' 44" W</u>
Mailing Address: <u>198 Hwy. 528</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Bay Springs</u> <u>Ms.</u> <u>39422</u>	City State Zip Code	<u>SW 1/4 SW 1/4, Sec. 26 T 1 N R 1 E</u>	
Telephone No. <u>(601) 764-2655</u>		<u>1.9</u> Miles <u>SE</u> of <u>Bay Springs</u> (Distance) (Direction) (Nearest Town)	

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

Date Pump Installed: 1-25-16 Rated Pump Capacity: 150 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: 20 Setting Depth: 260 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 3-23-16 Duration of Pump Test (minimum 4 hours): 5 1/2 hours

Static Water Level (A): 128 Feet Below Land Surface Pumping Water Level (B): 236 Feet Below Land Surface

Drawdown [(B) - (A)]: 108 Feet Below Land Surface Test Pumping Rate: 150 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 150 GPM with a drawdown of 108 feet after 5 1/2 hours of pumping

Meter Installation

Meter Manufacturer: Water Specialties Meter Serial Number: T-2402X1

Meter Model Number/Name: ML08 Type of Meter: Propeller type

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): X1000

Installation Date: 1-26-16 Meter installed by: A-1 Drilling Serv. 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 Beughman 587 4-6-16 Mike Beughman  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer