

DEQ
3-1-19

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-17361
 Driller: A-1 Drilling Serv. Inc.
 Date drilling completed: 12-5-18

For Office Use Only:
 Well #: P75
 Aquifer: CCKF
 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.

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03-08-2019
BY OLWR

location corrected from elog

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Philadelphia Water Assn.</u>	Latitude: <u>31° 56' 59" N</u> Longitude: <u>89° 3' 41" W</u>
Mailing Address: <u>P.O. Box 484</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Heidelberg, Ms. 39439</u>	<u>SW</u> <input checked="" type="checkbox"/> <u>SE</u> <input type="checkbox"/> <u>SW</u> <input type="checkbox"/> <u>NE</u> <input type="checkbox"/> <u>SE</u> <input type="checkbox"/> ¼ <u>SW</u> ¼, Sec <u>3</u> T <u>1 N</u> R <u>12 E</u>
City State Zip Code	<u>± 5</u> Miles <u>NE</u> of <u>Heidelberg</u>
Telephone No. (601) <u>787-2117</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-9-18 Date drilling completed: 8-15-18 Hole depth: 640 Hole diameter: 5 1/4"

Location of the source of any surface water used for drilling: Philadelphia Water Assn.

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 Geological Survey

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: 269' feet [above or below] land surface Date measured: 12-4-18

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

Well depth: 605' Well grouted to a depth of: 507' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 507' feet Casing diameter: 12" inches Type of casing: coated Steel

Screen length: 95' feet Screen diameter: 8" inches Type of screen: bar-weld stainless

Screen slot size: .015 inches Setting depth: From 510 feet to 605 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 401 feet

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

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 #: P75
 Aquifer: _____

County: Jasper
 Permit #: GW-17361
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 12-5-18
 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>Philadelphia Water Assn.</u>	Latitude: <u>31°56'59"N</u> Longitude: <u>89° 3' 41"W</u>
Mailing Address: <u>P.O. Box 484</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Heidelberg</u> <u>Mo.</u> <u>39439</u>	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>3</u> T <u>1</u> N R <u>12</u> E
City State Zip Code	<u>1.5</u> Miles <u>NE</u> of <u>Heidelberg</u>
Telephone No. <u>(601) 787-2117</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-5-18 Rated Pump Capacity: 475 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: 75 Setting Depth: 380 feet Number of Stages: 10

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Pump Test Data for Non Flowing Well

Date Well Tested: 3-5-19 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 269 Feet Below Land Surface Pumping Water Level (B): 320 Feet Below Land Surface

Drawdown [(B) - (A)]: 51 Feet Below Land Surface Test Pumping Rate: 542 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 542 GPM with a drawdown of 51 feet after 5 hours of pumping

Meter Installation

Meter Manufacturer: Mc Crometer Meter Serial Number: 20181251

Meter Model Number/Name: MLO4-08 Type of Meter: Propeller

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

Installation Date: 1-7-19 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 Baughman 587 3-6-19 Mike Baughman
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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