

# Plugged and Abandoned

County: JEFFERSON  
Permit #: MS-GW-16272  
Driller: LAYNE-CENTRAL  
Date drilling completed: 4/24/09

**Well Driller Report and Well Log**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P. O. Box 2309  
Jackson, MS 39225-2309  
(601) 961-5210  
(601) 354-6938 (fax)

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J16  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>McNAIR STAMPLEY WATER ASSOC.</u>	Latitude: <u>31-44-41</u> N <u>31° 44.41, 2</u> Longitude: <u>91-02-53</u> W <u>091° 02.53</u>
Mailing Address: <u>1535 OLD HIGHWAY 61 ROAD</u> <u>FAYETTE MS 39069</u> City State Zip Code	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey USGS quad, <u>IR ¼ NW¼</u> Sec <u>26</u> Twn <u>9N</u> Rng <u>2E</u> Survey-grade GPS
Telephone No. ( <u>601</u> ) <u>786-6265</u>	Distance <u>6</u> Miles Direction <u>NORTH</u> of Nearest Town <u>FAYETTE</u>

**Well / Borehole Data**  
Date drilling started: 02/20/09 Date well drilling completed: 4/24/09 Hole Depth: 606' Hole diameter: 18"  
Location of the source of any surface water used for drilling: N/A  
Method of dosing and volume of Chlorine used in drilling and development: NONE  
Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS  
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 flowing, method of flow regulation: Valve  --  Other (describe) --  
Static Water Level: 245 feet above or  below (circle one) land surface Date measured: 5/28/10  
Method of Measurement (circle one) steel tape  electric tape  air line other: --  
Well depth: 606' Well grouted to a depth of: 555' Type of grout (circle one):  Neat Cement  Bentonite  Mix  
Casing length: 555 feet Casing diameter: 10 inches Type of casing: STEEL  
Screen length: 40 feet Screen diameter: 6 inches Type of screen: STAINLESS  
Screen slot size: 0.020 inches Setting depth: From 560 feet to 600 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: 485 feet. *If telescoped or more than one screen, describe on next page.*

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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.

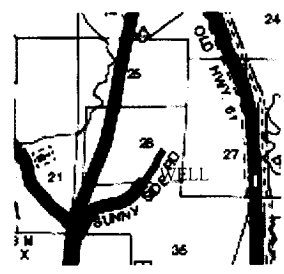
Ground Level

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Description of Formations Encountered	From	To
TOP SOIL	0	10
SAND	10	50
SAND & GRAVEL	50	85
CLAY, HARD CHALK	85	90
SAND, GRAVEL	90	140
HARD CLAY, WHITE	140	190
CLAY, GRAY	190	220
SAND & CLAY STREAKS	220	270
SAND, FINE	270	290
CLAY, HARD	290	300
SAND	300	315
SAND, CLAY STREAKS	315	435
CLAY	435	445
SAND	445	465
CLAY & SAND STREAKS	465	468
CLAY	468	485
CLAY	485	530
SAND, CLAY STREAKS	530	605
SAND	605	725
CLAY	725	765
SAND & CLAY	765	775
HARD ROCK	775	790
SAND	790	810
CLAY	810	812
ROCK	812	880
CLAY	880	890
SANDY	890	920
SAND & CLAY STREAKS	920	970
SAND	970	990
CLAY & SAND STREAKS	990	995
HARD CLAY	995	1005
SAND CLAY	1005	1095
SAND	1095	1185

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) a north arrow.



NOT TO SCALE

Landowner's Name: MCNAIR STAMPLEY WATER ASSOC.

Form: OLWR-SWR-1A

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 laws.

DAVE COOK 692  
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) 354-6938 (fax)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J16  
Elevation: \_\_\_\_\_

County: JEFFERSON  
Permit #: MS-GW-16272  
Driller: LAYNE-CENTRAL  
Date Completed: 5/28/10

*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>McNAIR STAMPLEY WATER ASSOC.</u>	Latitude: <u>N 31° 44' 41"</u> Longitude: <u>W 091° 02' 53"</u>
Mailing Address: <u>1535 OLD HIGHWAY 61 ROAD</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>FAYETTE</u> <u>MS</u> <u>39069</u>	USGS quad <u>      </u> Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>26</u> T <u>9N</u> R <u>2E</u>
Telephone No. ( <u>601</u> ) <u>786-6265</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>NORTH</u> of <u>FAYETTE</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): <u>      </u>
Other (specify): <u>      </u>	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>8/18/09</u>	Setting Depth: <u>317</u> feet
Rated Pump Capacity <u>300</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/27/10</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>245</u> Feet Below Land Surface	Other (specify): <u>      </u>
Pumping Water Level (B): <u>263.9</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>18.9</u> Feet Below Land Surface	Well yielded <u>306</u> GPM with a drawdown of
Test Pumping Rate: <u>306</u> Gallons Per Minute	<u>18.9</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692  
Print Name of Pump Installer and License No. (if applicable)

*Dave Cook*  
Signature of Pump Installer

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