

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B118  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JONES  
 Permit #: MS-EW-16299  
 Driller: A-1 Pda Serv, Inc  
 Date drilling completed: 7-12-11

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Calhoun Wtr Assn</u>	Latitude: <u>31° 44' 19"</u> Longitude: <u>89° 12' 37"</u>
Mailing Address: <u>North Tank Well #2</u> <u>99 Calhoun Rd.</u> <u>Laurel MS 39443</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>NE, NW, NW</u> 1/4 Sec <u>21</u> Twn <u>9N</u> Rng <u>12W</u>
Telephone No. <u>(601) 425-1093</u>	Distance <u>7.4</u> Miles Direction <u>W</u> of Nearest Town <u>Laurel</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-20-11 Date well drilling completed: 7-12-11

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 145' feet above or below (circle one) land surface Date measured: 9-14-11

Method of Measurement (circle one) steel tape electric tape air line other: Sonic

Hole depth: 407' Well depth: 371.7' Well grouted to a depth of 317.7 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 317.7 feet Casing diameter: 12" 10 inches Type of casing: Epoxy Cfd steel

Screen length: 52.9 feet Screen diameter: 8" 10 inches Type of screen: Bar weld

Screen slot size: .015 inches Setting depth: From 310.8 feet to 371.7 feet

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

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

Top of tap pipe or reduction in casing: 259 feet. If telescoped or more than one screen, describe on back of page

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

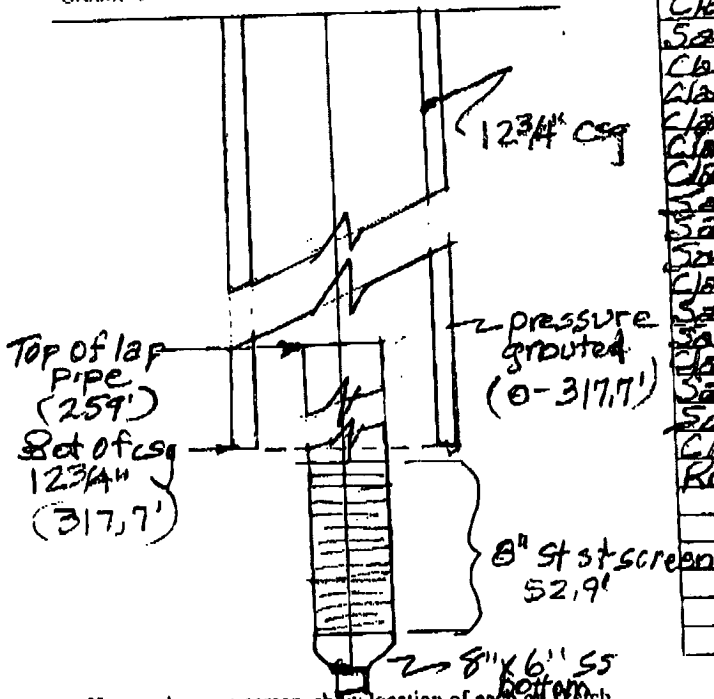
Name of organization running log(s): Office of Geology

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Wilbur T. Baughman 00410 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

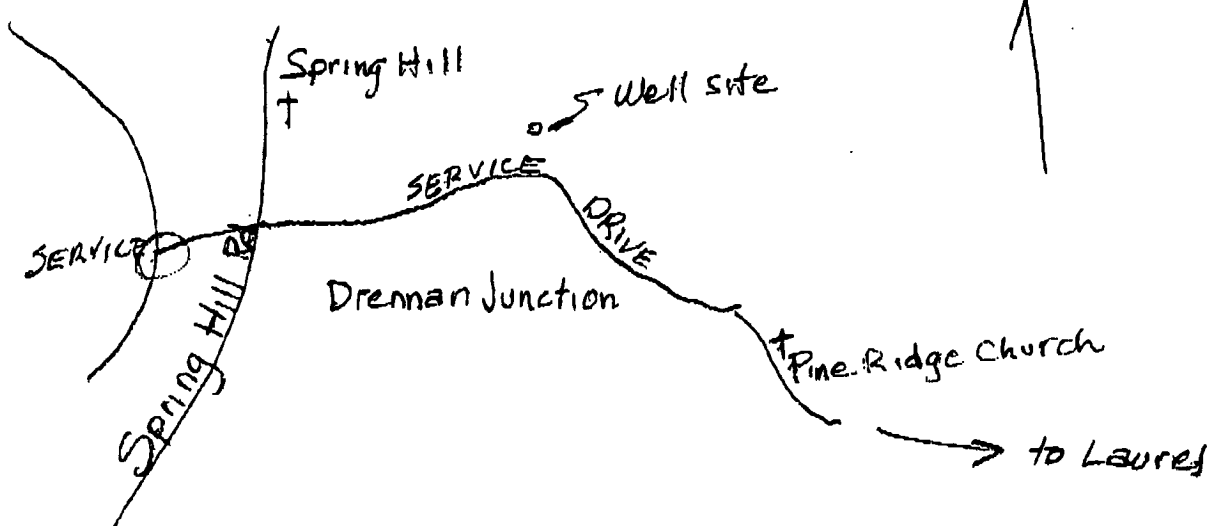
Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	15
Sand	15	20
Clay, tan & yellow	20	43
Clay, gray	43	90
Clay, gray w/ red streaks	90	110
Clay, white, stiff	110	165
Clay, sandy	165	170
Sand	170	200
Sand & clay	200	210
Sand	210	225
Clay, dark gray	225	248
Sand	248	261
Sand & clay	261	265
Clay	265	282
Sand & clay	282	285
Sand, gray	285	380
Clay	380	406
Rock	406	407

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) indicate direction.



Landowner Name: Colhoun Water Assn.

*Walter [Signature]*  
 Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv, Inc  
 Date completed: 9-16-11

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B11E  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Calhoun Water Assn,</u>	Latitude: <u>31°44'19"</u> Longitude: <u>89°12'37"</u>
Address: <u>North Tank Well #2</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>99 Calhoun Rd</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Laurel MS 39443</u>	<u>NE, NW, NW</u>
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>9N</u> Rng <u>12W</u>
Telephone No. <u>(601) 425-1093</u>	Distance Direction Nearest Town
	<u>± 4 1/2</u> Miles <u>W</u> of <u>Laurel</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>B-23-11</u>	Setting Depth: <u>261</u> feet
Rated Pump Capacity: <u>473 @ 205' TPD</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-11</u>	<u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>145</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>174</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>29</u> Feet Below Land Surface	Well yielded <u>473</u> GPM with a drawdown of
Test Pumping Rate: <u>473</u> Gallons Per Minute	<u>29</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Wilbur T. Baughman 00410  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer