

0340017-05 31-44-40 89-09-42

STATE WELL REPORT

County: Jones
Permit #: AP-31022163
Driller: A-1 Drilling Service
Date drilling completed: 10-20-15

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)

For Office Use Only:
Well #: B-122
Aquifer: _____
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.

Got log from MDEQ Elog

Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Shady Grove Utility Dist.</u>		Latitude: <u>31° 46' 17" N</u> Longitude: <u>89° 8' 46" W</u>	
Mailing Address: <u>1491 Reeves Rd</u>		Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
City: <u>Louisville</u>	State: <u>MS</u>	USGS quad: <u>SE NW 1/4 NW SW 1/4, Sec 13 T 9 N R 12 W</u>	
Zip Code: <u>39443</u>	Telephone No.: <u>(601) 428-0311</u>	± <u>1</u> Miles <u>N</u> of <u>Louisville</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 10-15-15 Date drilling completed: 10-20-15 Hole depth: 380 Hole diameter: 17 3/4"

Location of the source of any surface water used for drilling: Shady Grove Utility Dist.

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): Mrs. 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: 167 feet (above or below land surface (circle one)) Date measured: _____

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

Well depth: 342 Well grouted to a depth of: 299 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 299' feet Casing diameter: 12 3/4" inches Type of casing: Epoxy Coated Steel

Screen length: 37 feet Screen diameter: 8 3/4" inches Type of screen: Wire Wrap SS

Screen slot size: .015 inches Setting depth: From 305 feet to 342 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 242 feet

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

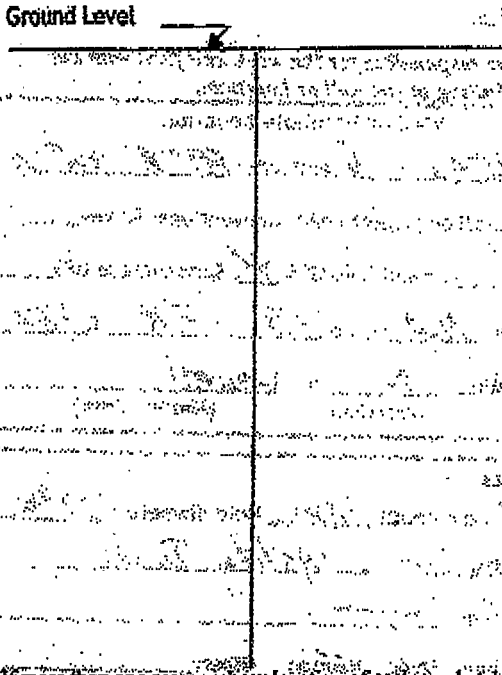
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BY OLWR

County: Jones
 Permit #: GW 17193

For Office Use Only:
 Well #: B-122

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

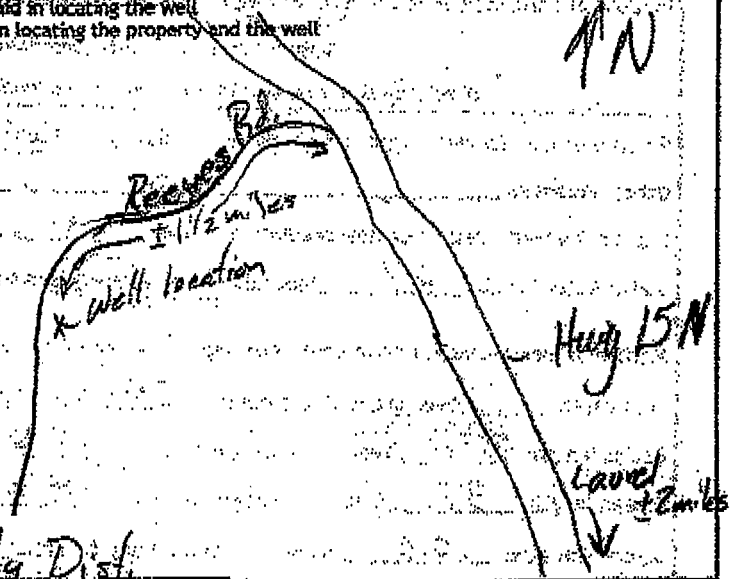
Description of Formations Encountered	From (depth)	To (depth)
TOP Soil	Ground level	1
Red clay	1	16
Thin clay	16	35
Gray clay	35	54
Sand	54	61
Sandy clay	61	128
Sand	128	132
White hard sandy clay	132	161
Sand + fine gravel	161	183
gray clay	183	185
Sand	185	191
Gray clay	191	243
Clay w/ sandy shales	243	260
gray clay	260	285
Sand + clay	285	299 1/2
Sand	299 1/2	343
Clay	343	348
sandy clay	348	378
Clay	378	380

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

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Landowner Name: Shady Grove Utility Dist.

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 587 9-18-14

[Signature]

Print Name of Responsible Licensee and License No. Date Signature of Licensee Form: OLWR-SWR-1A (4/13)

GW-17193

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 #: B-122
 Aquifer: _____

County: Jones
 Permit #: MP-31022163
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 10-20-15
 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>Shady Grove Utility Dist.</u>	Latitude: <u>31° 46' N</u>	Longitude: <u>89° 0' 46" W</u>	
Mailing Address: <u>149 Reeves Rd.</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>		
	USGS quad: _____	Hand-held GPS <input checked="" type="checkbox"/>	Survey-grade GPS _____
Parcel: _____	City: _____	State: <u>Ms.</u>	Zip Code: <u>39443</u>
Telephone No. <u>(601) 428-0311</u>	<u>SE</u> NW <u>SW</u> Sec <u>13</u> T <u>9N</u> R <u>12W</u>	<u>1</u> Miles (Distance)	<u>N</u> of <u>Lavel</u> (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-26-15 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: 30 Setting Depth: 248 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
 Date Well Tested: 10-19-15 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 167 Feet Below Land Surface Pumping Water Level (B): 178.5 Feet Below Land Surface
 Drawdown [(B) - (A)]: 11.5 Feet Below Land Surface Test Pumping Rate: 257 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 257 GPM with a drawdown of 11.5 feet after 4 hours of pumping

Meter Installation
 Meter Manufacturer: Water Specialists Meter Serial Number: 20151509
 Meter Model Number/Name: M604-8" Type of Meter: Prop
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: 8-26-15 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 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)

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