

State Well Report

Part I

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 #: C-208
 L.S. Elevation: _____
 B-log #: 00208

County: JONES
 Permit: OLW 16 225
 Driller: A-1 Drilling Service
 Date drilling completed: 3-15-06

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>POWERS WATER ASSN</u>	Latitude: <u>31.41.53</u>	Longitude: <u>89.05.59</u>	
Mailing Address: <u>PO Box 101</u>	Method of Lat/Long (circle one): Conventional Survey.		
<u>LAUREL MS 39441</u>	USGS quad: <u>SE, SW, SE</u> Hand-held GPS Survey-grade GPS		
City State Zip Code	1/4 Sec <u>33</u> Twn <u>9N</u> Rng <u>11W</u>		
Telephone No. <u>601-428-0294</u>	Distance <u>1</u> Miles	Direction <u>E</u>	Nearest Town <u>LAUREL</u>
Well Data			
Purpose of Well (circle one) Home Industrial <u>Public Supply</u> Irrigation Fish Culture Other: _____			
Date well drilling started: <u>2-6-06</u>		Date well drilling completed: <u>3-15-06</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____			
Static Water Level: <u>189</u> feet above or below (circle one) land surface		Date measured: _____	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>396'</u>		Well depth: <u>389.9'</u>	
Well grouted to a depth of <u>327.5</u> feet			
Type of gravel (circle one): <u>Screen</u> Bentonite Mix			
Casing length: <u>327.5</u> feet		Casing diameter: <u>12 3/4</u> inches	
Type of casing: <u>Epoxy ctd bl steel</u>			
Screen length: <u>50.6</u> feet		Screen diameter: <u>8 3/8</u> inches	
Type of screen: <u>Bar welded st. steel</u>			
Screen slot size: <u>0.15</u> inches Setting depth: From _____ feet to _____ feet			
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underdrains</u> Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>270</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>Office of Geology</u>			
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.			
Print Name of Water Well Contractor and License No. <u>WILSON T. BARKMAN 0410</u>		Signature of Water Well Contractor <u>[Signature]</u>	

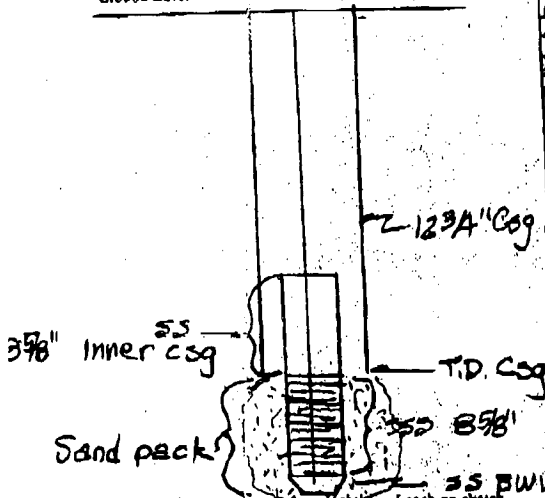
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GW-16225

C-208

If well telescopes please sketch below and show depths.

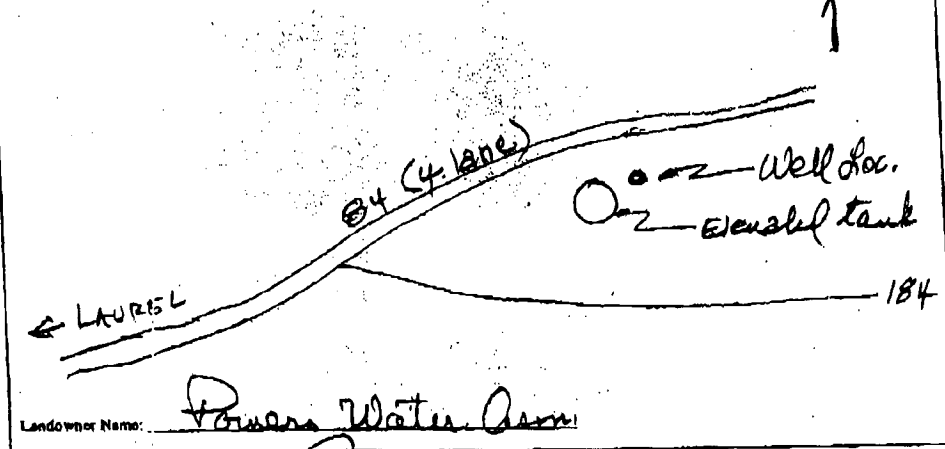
Ground Level



Description of Formations Encountered	From	To
Clay tan	0	15
Sand	3	17
Clay tan & orange	7	23
Clay sandy	33	74
Clay gray	51	120
Clay sandy	120	172
Clay light gray	174	200
Rock	200	200
Clay gray w/ soft shls	201	258
Clay sandy	258	276
Clay gray	275	311
Sand	311	316
Clay	318	320
Sand	320	327
Clay	327	328
Rock	328	328

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: Powers Water Assn

[Signature]
 Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C-208
 Elevation: C-0208

County: Jones
 Permit #: _____
 Driller: A-1 DRILLING SER
 Date completed: _____

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>Powers Water Assn.</u>	Latitude: <u>31.41.53"</u> Longitude: <u>89.05.59"</u>
Mailing Address: <u>P.O. Box 161</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Laurel Ms. 39441</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>5614 SW 1/4 SE 1/4 Sec 33 Twn 9N Rng 11W</u>
Telephone No. (w) <u>438-0294</u>	Distance Direction Nearest Town
	<u>1 Miles E of Laurel</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: _____	Setting Depth: <u>256</u> feet
Rated Pump Capacity: <u>450</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not yet done</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>189</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Wilbur T. Baughman 0410 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer