

### State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(801)961-5210  
(801)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 6237  
I.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: MS-6W-16668  
Driller: Michael Wells  
Date drilling completed: 2-18-10

**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.**

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>ERATA Water Association</u></p> <p>Mailing Address: <u>P.O. Box 516</u> <u>Sandersville MS 39477</u> City State Zip Code</p> <p>Telephone No. <u>(601) 649-0009</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N 31° 45' 12.45"</u> Longitude: <u>W 89° 3' 43.5"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS</p> <p><u>NW 1/4 NW 1/4</u> Sec <u>13</u> Twn <u>9N</u> Rng <u>11W</u></p> <p>Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Laurel</u></p>
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**Well / Borehole Data**

Date drilling started: 2-4-10 Date drilling completed: 2-18-10 Hole depth: 245' Hole diameter: 21"

Location of the source of any surface water used for drilling: Existing water supply

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): State of Mississ. Dept.

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 a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) N/A

Static Water Level: 178 feet above or below (circle one) land surface Date measured: 2-18-10

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

Well depth: 240' Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 16 inches Type of casing: Coated Steel

Screen length: 40 feet Screen diameter: 10 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 200 feet to 240 feet

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

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

Top of lap pipe or reduction in casing: 125 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  
 (601)961-5210  
 (601)961-5228 (fax)

### For Office Use Only:

Aquifer: C 337  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Jones

Permit #: \_\_\_\_\_

Driller: John Rybolt IV

Date completed: 4-28-10

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>Erata Water Association</u>	Latitude: <u>N31° 45' 17.45"</u> Longitude: <u>W85° 3' 43.33"</u>
Mailing Address: <u>P.O. Box 516</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <sup>17</sup> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> <sup>43</sup> , Survey-grade GPS _____
<u>Sandersville MS 39422</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 13 T 9N R 11W</u>
Telephone No: <u>(601) 649-0009</u>	Distance Direction Nearest Town <u>5 Miles NE of Laurel</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Humd Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>4-28-10</u>	Setting Depth: <u>205</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-10</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>182</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>220</u> GPM with a drawdown of
Test Pumping Rate: <u>220</u> Gallons Per Minute	<u>8</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.

Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller  
 Signature of Pump Installer