

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)

County: JONES
 Permit #: -
 Driller: A-1 DRILLER
 Date drilling completed: 8-1-12

For Office Use Only:
 Aquifer: _____
 Well #: C241
 L. S. Elevation: _____
 E-log #: _____

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>SHADY GROVE UTILITY DIST</u>	Latitude: <u>31° 46' 45" N</u> Longitude: <u>89° 08' 48" W</u>
Mailing Address: <u>149 REEVES RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>LAUREL MS 39443</u>	<u>USGS quad</u> <u>Hand-held GPS</u> <u>Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 Sec 7 Twn 9N Rng 11W</u>
Telephone No. <u>(601) 428-0311</u>	Distance <u>5 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>LAUREL</u>

Well Data

Purpose of Well (circle one) Home Industrial TEST HOLE Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-31-12 Date well drilling completed: 8-1-12

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 403' Well depth: NA T.H. Well grouted to a depth of 502 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: NONE feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

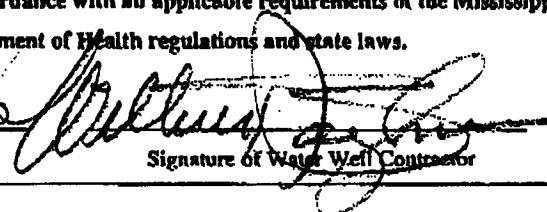
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): DRY HOLE

Top of lap pipe or reduction in casing: _____ 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

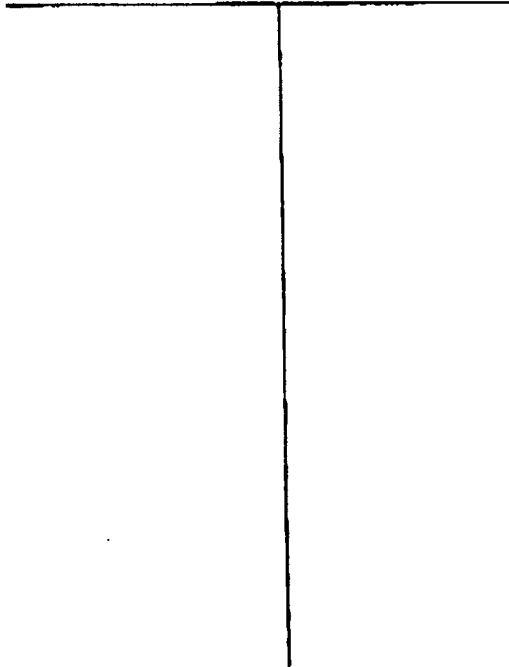
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

WILBUR T. BAUGHMAN 0410 

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



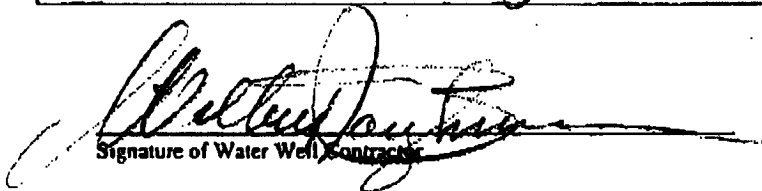
Description of Formations Encountered	From	To
Clay, tan	0	22
Clay, gray w/red streaks	22	42
Clay, dark gray, soft	42	48
Sand, tan	48	54
Clay, light gray	54	62
Sand, tan	62	69
Clay, tan	69	81
Clay, tan w/ sand streaks	81	102
Sand w/ white clay	102	139
Rock sandstone	139	139.2
Sand, iron stained	139.2	163
Clay	163	182
Clay, gray-green w/ sand streaks	182	193
Clay, green-gray, stiff	193	229
Sandy gray	229	236
Clay, gray-green, stiff	236	270
Sandy gray	270	281
Clay	281	285
Sand, gray	285	291
Sand, gray streaks	291	334
Rock	334	338
Clay, gray w/ rock ledges	338	358
Clay, dark gray, stiff	358	378
Limestone rock	378	401
Clay, gray	401	403

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.

SEE MAP ATTACHED

Landowner Name: Jones County School District


 Signature of Water Well Contractor