

STATE WELL REPORT

299

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Service, Inc
 Date drilling completed: 6/18/2021

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: F 129
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Laurel Country Club</u>	Latitude: <u>31°41'45"N</u> Longitude: <u>89°9'10"W</u>
Mailing Address: <u>2011 Hwy. 84 W</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Laurel</u> <u>MS</u> <u>39440</u>	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>1</u> T <u>8N</u> R <u>12W</u>
City State Zip Code	<u>0</u> Miles of <u>Laurel</u>
Telephone No. (<u>601</u>) <u>649-8660</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-14-21 Date drilling completed: 6-18-21 Hole depth: 295 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: water well

Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 107 feet above or below land surface Date measured: 6-18-21
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 260 Well grouted to a depth of: 15 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 240 feet to 260 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet

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

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Form: OLWR-SWR-1A (4/13)

County: Jones
Permit #: _____

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

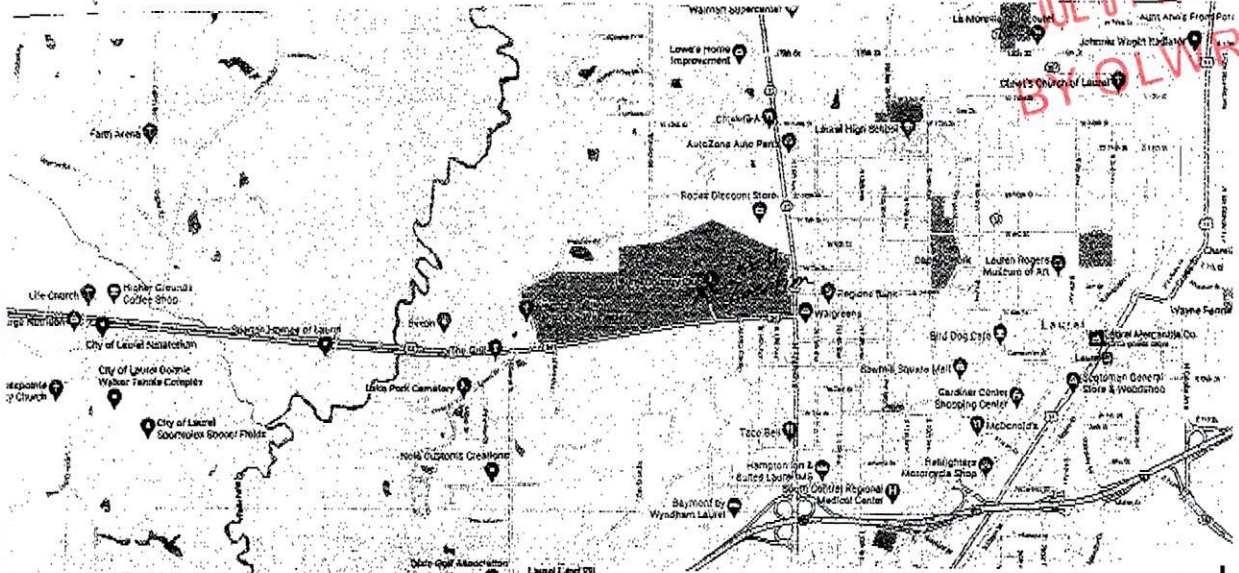
Ground Level 

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top soil	0	2
Stiff clay	2	41
Sandy clay	41	139
Sand w/ clay streaks	139	158
Sand	158	197
Clay	197	198
Sand	198	204
Sand w/ clay streaks	204	217
Sand	217	265
Sand w/ clay streaks	265	290
Clay stiff	290	295

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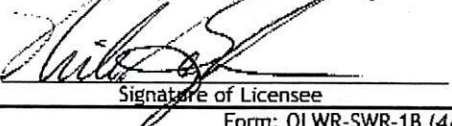
If more than one screen, show location of each on sketch



Landowner Name: Laural Country Club

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
Print Name of Responsible Licensee and License No. _____ Date 6-29-21


Signature of Licensee

Form: OLWR-SWR-1B (4/13)

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 #: F 129
 Aquifer: _____

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Service
 Date completed: 6-18-21
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>Laurel Country Club</u>			Latitude: <u>31°41'45"N</u> Longitude: <u>89°9'10"W</u>		
Mailing Address: <u>2011 Hwy. 84 W</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Laurel</u>	<u>MS</u>	<u>39440</u>	NW <u>1/4</u> NE <u>1/4</u> , Sec <u>1</u> T <u>8N</u> R <u>12W</u>		
City	State	Zip Code	0 _____ Miles _____ of <u>Laurel</u>		
Telephone No. (<u>601</u>) <u>649-8660</u>			(Distance) (Direction) (Nearest Town)		

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-18-21 Rated Pump Capacity: 85 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 180 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: N/A Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 107 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): Sonic

Pump Test Data for Flowing Well

Measured shut in head: N/A feet.

Well yielded N/A GPM with a drawdown of N/A feet after N/A hours of pumping

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: N/A

Meter Model Number/Name: N/A Type of Meter: N/A

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): N/A

Installation Date: N/A Meter installed by: N/A

Is This Meter (check 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 6-18-21 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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