

STATE WELL REPORT

0590001-04

County: Lec 081
Permit #: MS-GW-17084
Driller: Donald Smith Co.
Date drilling completed: 12/19/2013

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 79
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.

<p>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>City of Baldwin</u></p> <p>Mailing Address: <u>202 South 2nd St</u></p> <p><u>Baldwyn</u> <u>MS</u> <u>38824</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34 30 31.42 N</u> Longitude: <u>88 41 42.16 W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <u>X</u>, Survey-grade GPS _____</p> <p>USGS quad _____, Sec <u>05</u> T. <u>07S</u> R. <u>06E</u></p> <p><u>2</u> Miles <u>W</u> of <u>Baldwyn</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 10/30/13 Date drilling completed: 12/19/13 Hole depth: 600 Hole diameter: 9 7/8"

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: Potable water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Donald Smith Co., Inc

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: 134.91 feet [above or below] land surface Date measured: 12/12/13
(circle one)

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

Well depth: 540 Well grouted to a depth of: 465 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 465 feet Casing diameter: 12 inches Type of casing: Carbon Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 465' - 485' Screen feet to Blank feet
500' - 540' Screen

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

Other (describe): _____

Top of lap pipe or reduction in casing: 395 feet

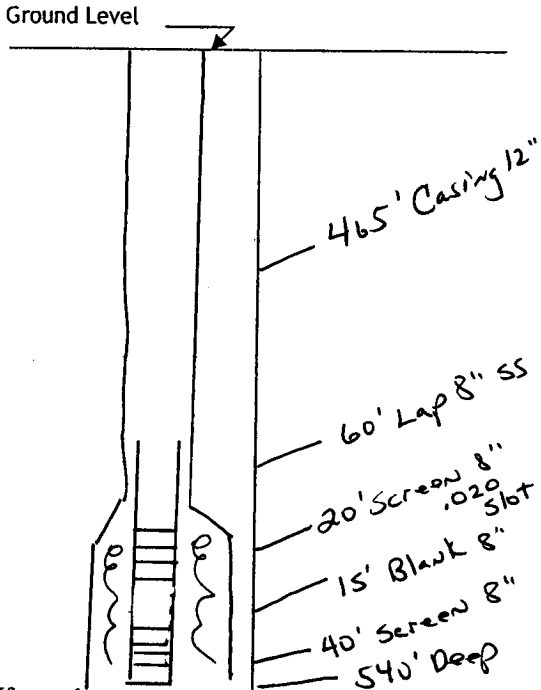
If telescoped or more than one screen, describe on next page

County: Lee
 Permit #: MS-GW-17084

For Office Use Only:
 Well #: B79

The sketch below only required for water wells

If well telescopes, show depths on sketch.



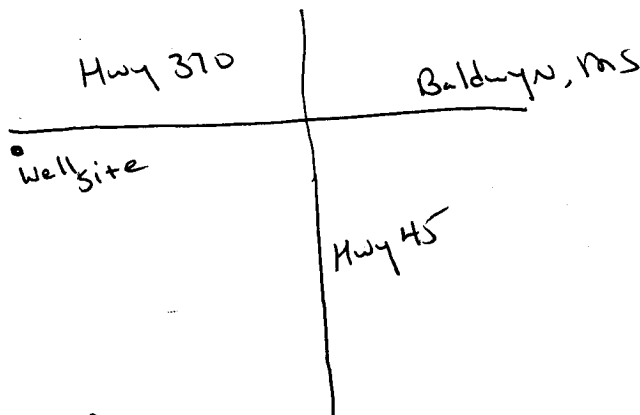
If more than one screen, show location of each on sketch

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)
	Ground level	
Brown Clay & Sand	0	10
Gray Hard Clay	10	24
White Sand	24	25
Gray Clay	25	30
Blue Clay	30	100
Shell	100	102
Five Gray Sand	102	120
Clay w/ Fine Sand Strks	120	208
Shell	208	209
Clay (Blue)	209	260
Shell	260	261
Blue Clay	261	416
Sand w/ Blue Clay Strks	416	573
Chert, Coarse Sand	573	600

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



Landowner Name: City of Baldwyn

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.

Robert L. Young Jr. 4NR-5671
 Print Name of Responsible Licensee and License No.

3/5/14
 Date

Robert L. Young Jr.
 Signature of Licensee

JUL 14 2014

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: OLWR
Well #: B79
Aquifer:

County: Lee
Permit #: MS GW-17084
Driller: Donald Smith Co., Inc
Date completed: 7/11/14
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: City of Baldwin, 202 South 2nd St, Baldwin MS 38824
Well Location: Latitude: 34 3031.42 N, Longitude: 88 41 42.16 W, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS X, Survey-grade GPS, 1/4, 1/4, Sec. 05 T. 07S R. 06E, 2 Miles W of Baldwin

Pump Type (circle one): Turbine
Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 04/01/2014 Rated Pump Capacity: 250 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one): Electric
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 40 Setting Depth: 270 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
Date Well Tested: 05/23/14 Duration of Pump Test (minimum 4 hours): 8 hours
Static Water Level (A): 156 Feet Below Land Surface Pumping Water Level (B): 232 Feet Below Land Surface
Drawdown [(B) - (A)]: 76 Feet Below Land Surface Test Pumping Rate: 320 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 GPM with a drawdown of feet after hours of pumping

Meter Installation
Meter Manufacturer: McCrometer Meter Serial Number: 20140348
Meter Model Number/Name: ML040-04 Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: Meter installed by: Donald Smith Co., 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.
Robert Young, Jr UNR-5671 7/11/14 Robert Young, Jr
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer