

STATE WELL REPORT

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)

145
0590001-05

County: Lee 081
Permit #: MS-GW-17085
Driller: Donald Smith Co.
Date drilling completed: 2/24/14

For Office Use Only:

Well #: B 80
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>City of Baldwin</u>	Latitude: <u>34 29 25.12^N</u> Longitude: <u>88 38 53.90^W</u>
Mailing Address: <u>202 South 2nd St</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Baldwyn</u> <u>MS</u> <u>38824</u>	<u>SW 1/4 NW 1/4</u> , Sec <u>11</u> T <u>07S</u> R <u>06E</u>
City State Zip Code	<u>Inside City limits</u> Miles _____ of <u>Baldwyn</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1/10/14 Date drilling completed: 2/24/14 Hole depth: 550' 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.

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: 125.12 feet [above or below] land surface Date measured: 2/18/14

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

Well depth: 390 Well grouted to a depth of: 325 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 325 feet Casing diameter: 12 inches Type of casing: Steel

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

Screen slot size: .020 inches Setting depth: From 330 feet to 390 feet

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

Other (describe): _____

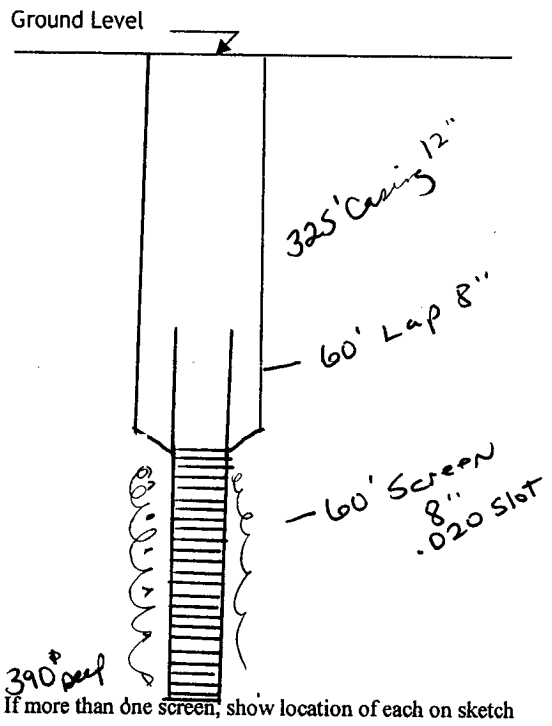
Top of lap pipe or reduction in casing: 325 ²¹⁰ feet 313 ¹⁴ feet

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

County: Lee
 Permit #: MS-GW-17085

For Office Use Only:
 Well #: 282

The sketch below only required for water wells
If well telescopes, show depths on sketch.

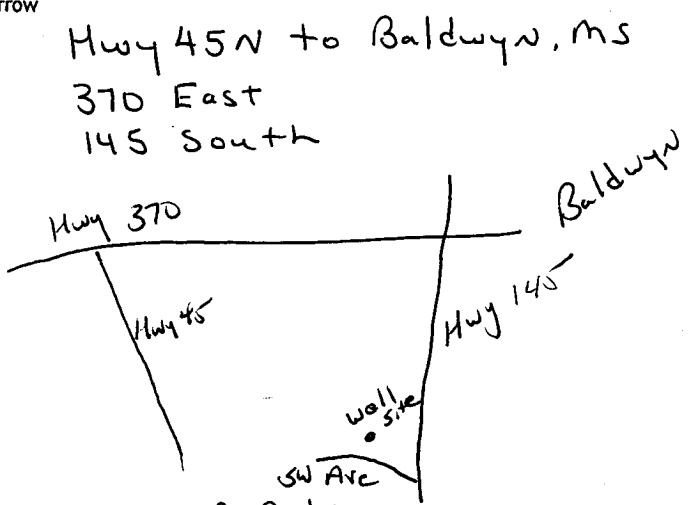


Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Red Clay, firm	0	18
Sandy Clay, med	18	33
Sandy Clay, firm	33	40
Sandy Blue Clay, firm	40	115
Shell, hard	115	117
Sandy, Blue Clay, firm	117	150
Sand, soft	150	170
Sandy Clay, med	170	195
Chert, firm	195	197
Blue Clay, firm	197	310
Sandy Clay, med	310	320
Sand, soft	320	373
Clay, firm	373	375
Sand, soft	375	383
Clay, firm	383	393
Sand, Clay Strks, soft	393	512
Clay, firm	512	515
Chert med	515	518
White Rock, Lignite, Pink Clay, med	518	550

390' deep
 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) 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. UWR-5671 3/05/14 Robert Young Jr
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

JUL 14 2014

STATE WELL REPORT

Part 2

BY OLWR

County: Lee
 Permit #: MS-GW-17085
 Driller: Donald Smith Co., Inc
 Date completed: 7/16/14
 Copy information from block on Part 1

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 #: B8C
 Aquifer: _____

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>City of Baldwin</u>	Latitude: <u>34°29'25.12" N</u>		Longitude: <u>88°38'53.90" W</u>		
Mailing Address: <u>202 South 2nd St</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Baldwyn</u> <u>MS</u> <u>38824</u>	_____ 1/4 _____ 1/4, Sec <u>11</u> T <u>07S</u> R <u>06E</u>		_____ Miles _____ of _____ (Distance) _____ (Direction) _____ (Nearest Town)		
City State Zip Code	<u>Baldwyn MS 38824</u>		<u>Inside city limits Baldwin MS 14</u>		
Telephone No. () _____					

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 05/08/2014 Rated Pump Capacity: 25.0 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 40 Setting Depth: 321 feet Number of Stages: 12

Pump Test Data for Non Flowing Well
 Date Well Tested: 06/16/14 Duration of Pump Test (minimum 4 hours): 8 hours
 Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 256 Feet Below Land Surface
 Drawdown [(B) - (A)]: 136 Feet Below Land Surface Test Pumping Rate: 290 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: 20140347
 Meter Model Number/Name: MLO4D-04 Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: 5/21/14 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