

# 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)

#### For Office Use Only:

Well #: G-101  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lee  
Permit #: MS-GW-17109  
Driller: Donald Smith Co., Inc  
Date drilling completed: 11/04/14

*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>No Lee Co Water Assoc</u>	Latitude: <u>34° 20' 11" N</u> Longitude: <u>88° 47' 26" W</u>
Mailing Address: <u>1004 Birmingham Ridge Rd</u> <u>(Macedonia Site)</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saltillo</u> MS <u>38866</u>	<u>SE NE</u> 1/4 NE 1/4, Sec <u>5</u> T <u>9S</u> R <u>4E</u> <span style="float: right;">5E</span>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>9/24/14</u> Date drilling completed: <u>11/04/14</u> Hole depth: <u>701'</u> Hole diameter: <u>9 7/8"</u>
Location of the source of any surface water used for drilling: <u>Public Water Supply</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Potable Water Used</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>MS Office of Geology</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>160.2</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>11/05/14</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>613</u> Well grouted to a depth of: <u>550</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>550</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Carbon Steel</u>
Screen length: <u>60</u> feet Screen diameter: <u>8"</u> inches Type of screen: <u>Stainless Steel</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>553</u> feet to <u>613</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>493</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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BY: OLWR

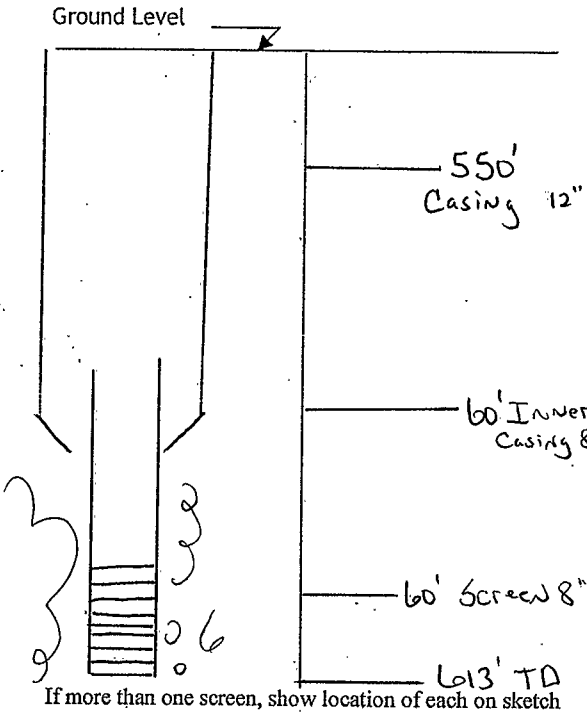
MSD # #041 0035-02

County: Lee  
 Permit #: MS-GW-17109

For Office Use Only:  
 Well #: G-101

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

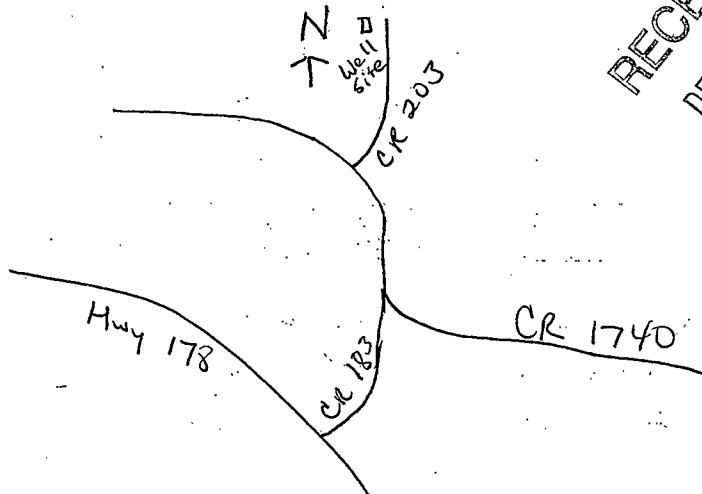


Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Red Sand	0	15'
White Chalk	15'	121'
Blue Clay	121'	131'
Sand	131'	146'
Rock		146'
Sand	146'	172'
Rock		172'
Sand	172'	186'
Rock		186'
Sand	186'	241'
Blue Clay	241'	271'
Strkd Sand & Clay	271'	292'
Blue Clay	292'	438'
Strkd Sand & Clay	438'	465'
Blue Clay	465'	480'
Sand, Strkd Clay	480'	552'
Sand, few Clay Strks	552'	628'
Blue Clay, Few Sand Strks	628'	701'

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



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Landowner Name: \_\_\_\_\_

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. #56711  
 Print Name of Responsible Licensee and License No.

12-16-2014  
 Date

Robert L. Young Jr.  
 Signature of Licensee

# STATE WELL REPORT

Part 2

County: Lee  
 Permit #: MS-GW-17109  
 Driller: Donald Smith Co  
 Date completed: \_\_\_\_\_  
*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 #: G-101  
 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>No Lee Co. Water Assoc</u>	Latitude: <u>34°20.11N</u> Longitude: <u>88°47'26W</u>
Mailing Address: <u>1004 Birmingham Ridge Rd</u> <u>(Macedonia Site)</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Saltillo</u> MS <u>38866</u>	SE $\frac{1}{4}$ NE $\frac{1}{4}$ , Sec <u>5</u> T <u>9S</u> R <u>4E</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (circle one)**

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

Date Pump Installed: 1/28/15 Rated Pump Capacity: 300 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: 50 Setting Depth: \_\_\_\_\_ feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4/29/15 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): 272 Feet Below Land Surface

Drawdown [(B) - (A)]: 122 Feet Below Land Surface Test Pumping Rate: 357 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: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: 6" Octave Water Meter Type of Meter: Propeller

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

Installation Date: 1/30/15 Meter installed by: \_\_\_\_\_

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 L. Young USR-5671 5/29/15 Robert L. Young  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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JUN 04 2015

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