

# 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 #: 3 E34  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lowndes  
Permit #: MS-GW-16908  
Driller: Donald Smith Co  
Date drilling completed: 4/15/13

*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>Lowndes County Ind Dev</u> Mailing Address: <u>PO Box 1328</u>	Latitude: <u>33 28 04N</u> Longitude: <u>88 36 27W</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus</u> <u>MS</u> <u>39703</u> City State Zip Code	<u>NW 1/4 SE 1/4, Sec 34 T 19N R 16E</u> <u>10</u> Miles <u>W</u> of <u>Columbus, MS</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 328-8369</u>	

Well / Borehole Data
Date drilling started: <u>1/14/13</u> Date drilling completed: <u>4/15/13</u> Hole depth: <u>1402'</u> Hole diameter: <u>25"</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"/> <del>Electric</del> <input checked="" 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"/> <input checked="" type="checkbox"/> Industrial <input 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>93.08</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>4/30/13</u> (circle one) Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ Well depth: <u>1380</u> Well grouted to a depth of: <u>1253</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>1253</u> feet Casing diameter: <u>20</u> inches Type of casing: <u>Steel Coated IP</u> Screen length: <u>95</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>SS</u> Screen slot size: <u>.030</u> inches Setting depth: From <u>1258</u> feet to <u>1281</u> feet <u>1281-1308 - Blank</u> <u>1308-1380 - Screen</u> Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>1136</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

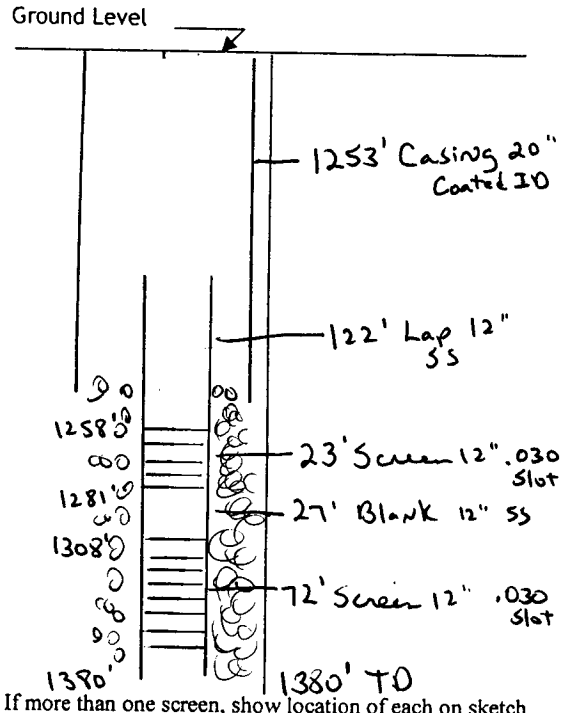
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County: Lowndes  
 Permit #: MS-GW-16908

**For Office Use Only:**  
 Well #: E34

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



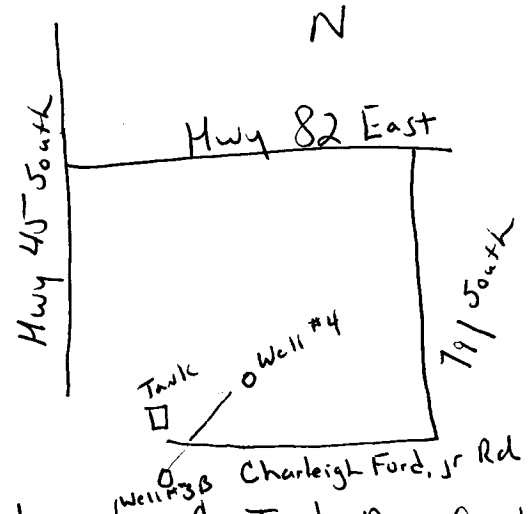
Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil	0	1
Yellow Chalk	1	8
Marl-Blue Rock	8	88
Chuppy Rock-Marl Strks	88	90
Tough marl	90	280
Sand + marl	280	310
Sand + marl	310	320
Hard Rock	320	322
Sand-Tight Strks	322	350
Marl-Sand Strks	350	380
Marl + Rock	380	400
Sand	400	407
Tough marl	407	428
Marl + Chuppy Rock	428	440
Sand	440	448
Marl	448	466
Marl + Chuppy Rock	466	471
Sand-marl Strks	471	495
Tough marl	495	505
Sand, Rock-Marl Strks	505	586

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

See attached

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: Lowndes Co. Ind Dev Authority

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.

Donald Smith      767      6/14/13      Donald Smith  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

586 - 701	MARL, SAND-ROCK STREAKS
701 - 714	MARL TOUGH
714 - 804	SAND-TIGHT STREAKS
804 - 824	SAND-MARL STREAKS
824 - 858	TOUGH MARL
858 - 978	SAND AND GRAVEL
978 - 1,011	MARL-GRAVEL, ROCK
1,011 - 1,037	MARL-MEDIUM
1,037 - 1,077	SAND
1,077 - 1,219	TOUGH MARL-ROCK STREAKS
1,219 - 1,228	SAND
1,228 - 1,246	MARL, ROCK AND SAND STREAKS
1,246 - 1,279	SAND- TIGHT SPOTS
1,279 - 1,298	ROCK, MARL, TIGHT SAND
1,298 - 1,305	TIGHT SAND
1,305 - 1,323	SAND
1,323 - 1,376	SAND AND ROCK
1,376 - 1,402	SAND, MARL AND ROCK-TIGHT

E34  
Lowndes Co

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# 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 #: 3 E 34  
Aquifer: \_\_\_\_\_

County: Louises  
Permit #: MS-GW-16908  
Driller: Donald Smith Co  
Date completed: 9/27/13  
*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>Louises Co. Ind Dev Auth</u>	Latitude: <u>33 28 04 N</u> Longitude: <u>88 36 27 W</u>
Mailing Address: <u>PO Box 1328</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus</u> <u>MS</u> <u>39703</u>	_____ 1/4 _____ 1/4, Sec. <u>34</u> T. <u>19 N</u> R. <u>16 E</u>
City State Zip Code	<u>10</u> Miles <u>W</u> of <u>Columbus, MS</u>
Telephone No. <u>(662) 328-8369</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 08/09/13 Rated Pump Capacity: 1500 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: 200 Setting Depth: 210 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8/28/13 Duration of Pump Test (minimum 4 hours): 25 hours

Static Water Level (A): 93.08 Feet Below Land Surface Pumping Water Level (B): 158.12 Feet Below Land Surface

Drawdown [(B) - (A)]: 65 Feet Below Land Surface Test Pumping Rate: 1875 Gallons Per Minute

Method of measurement (circle one): Steel 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: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: Mag

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

Installation Date: 8/26/13 Meter installed by: Donald Smith Co

Is This Meter (circle one):  New Repaired Replacement

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*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, Jr. UNK-5671 9/27/13 Robert L. Young  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer