

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: MONROE  
Permit #: MS-GW-16658  
Driller: PARKS + PARKS  
Date drilling completed: 1/24/11

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L109  
L. S. Elevation: 252  
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.

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>CITY OF ABERDEEN</u>  | Latitude: <u>33° 51' 09" N</u> Longitude: <u>88° 35' 30" W</u>                                      |
| Mailing Address: <u>125 West Commerce ST</u><br><u>Aberdeen, MS 39760</u>    | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____  | <u>NW</u> ¼ <u>NW</u> ¼ Sec <u>26</u> Twn <u>14S</u> Rng <u>7E</u>                                  |
| Telephone No. (____) _____   | Distance _____ Miles Direction <u>North</u> of Nearest Town <u>Aberdeen</u>                         |

### Well / Borehole Data

Date drilling started: 10/28/10 Date drilling completed: 1/24/11 Hole depth: 330 Hole diameter: 16x10

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: SAPM

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): STATE

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 one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 89 feet above or below (circle one) land surface Date measured: 1/27/11

Method of Measurement (circle one) steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 250 Well grouted to a depth of 180 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 180 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 65 feet Screen diameter: 10 inches Type of screen: Stainless Steel

Screen slot size: .016 inches Setting depth: From 185 feet to 250 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Telescoped  Open hole  Natural Development   
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 80' feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: MONROE  
 Permit #: \_\_\_\_\_  
 Driller: RANKS & PANKS  
 Date completed: 1/24/11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L109  
 Elevation: \_\_\_\_\_

*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 ABERDEEN</u>  | Latitude: <u>33 51 09N</u> Longitude: <u>88 35 30</u>   |
| Mailing Address: <del>ABERDEEN</del><br><u>125 West Commerce St.</u><br><u>ABERDEEN, MS 39760</u><br>City State Zip Code | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____<br>_____ 1/4 _____ 1/4 Sec <u>20</u> T <u>14S</u> R <u>7E</u> |
| Telephone No. (____) _____   | Distance Direction Nearest Town<br><u>1</u> Miles <u>North</u> of <u>Aberdeen</u>   |

| Pump Type<br>Circle one                            | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet Submersible                           | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                       | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                    | Windmill Other (specify): _____           |
| Other (specify): _____                             | Horse Power Rating of Motor: <u>40</u>    |
| Date Pump Installed: <u>2/11/11</u>                | Setting Depth: <u>240</u> feet            |
| Rated Pump Capacity: <u>350</u> Gallons Per Minute | Number of Stages: <u>10</u>               |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>1/27/11</u>                            | Air Line <u>Electric Measuring Line</u> Steel Tape                                |
| Static Water Level (A): <u>89</u> Feet Below Land Surface   | Other (specify): _____  |
| Pumping Water Level (B): <u>161</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>72</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>439</u> Gallons Per Minute            |   |
| Duration of Pump Test (minimum 4 hours): <u>25</u> hours    |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rayburn Panks 0-414 Rayburn Panks RECEIVED  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
 FEB 22 2011

BY: OLWR