

County: Monroe  
 Permit #: GW16738  
 Driller: Donald Smith Co.  
 Date drilling completed: 06/24/11

### 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N19  
 L. S. Elevation: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Village of Gattman</u>	Latitude: <u>33° 52' 41N</u> Longitude: <u>88° 16' 19W</u>
Mailing Address: <u>50005 Mayor St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gattman</u> MS <u>38844</u>	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>1</u> Twn <u>14S</u> Rng <u>17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	Miles of _____ Inside Town limits

**Well / Borehole Data**

Date drilling started: 03/31/11 Date drilling completed: 6/24/11 Hole depth: 236 Hole diameter: 17.5

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): MS Geology Survey

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: 79.51 feet above or below (circle one) land surface Date measured: 5/24/11

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

Well depth: 156 Well grouted to a depth of 111 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 111 feet Casing diameter: 12 inches Type of casing: Steel, Coated ID

Screen length: 40 feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .030 inches Setting depth: From 116 feet to 156 feet


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

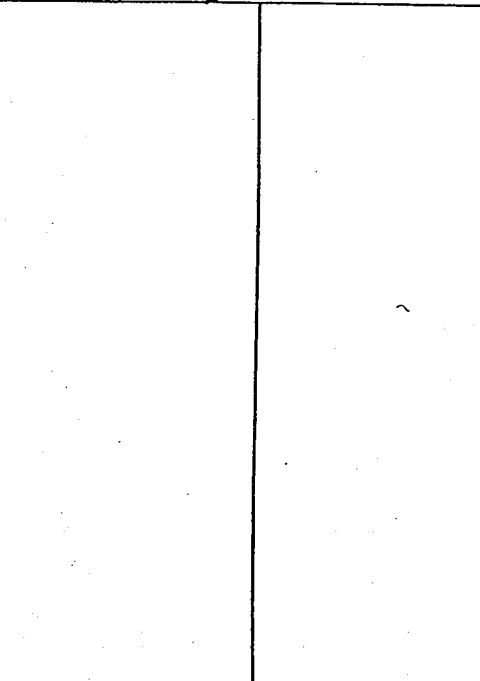
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 

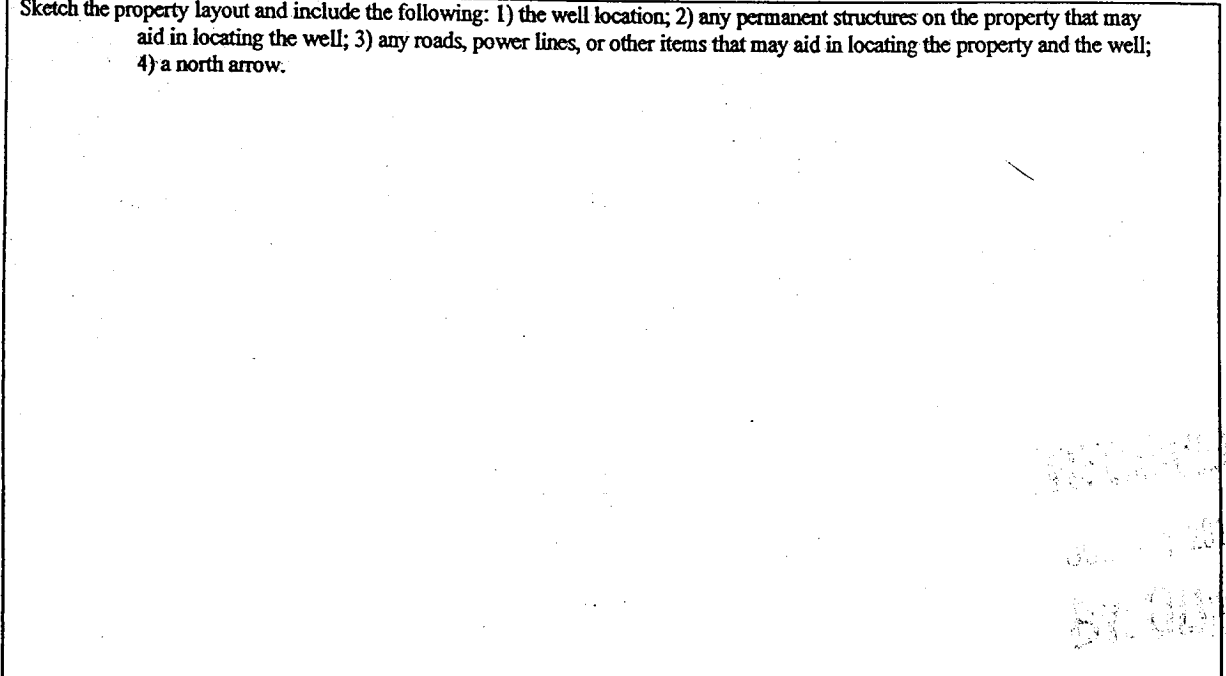


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Brown Clay	0	10
Gray Clay	10	16
Blue Sandy Clay	16	72
Sand, Lignite, Gravel	72	160
Large Gravel, Sand	160	230
Blue Clay	230	236

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) a north arrow.



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

Form: OLWR-SWR-1A

I 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 0-767      07/08/11      Donald Smith  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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 #: GW16738  
 Driller: Donald Smith Co.  
 Date completed: 10/24/11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: N19  
 Well #: \_\_\_\_\_  
 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>Village of Gattman</u> Mailing Address: <u>50005 Mayor St</u> <u>Gattman MS 38844</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>33 52 41N</u> Longitude: <u>88 16 19W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 SE 1/4 Sec 1 T 14S R 17W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles of _____ <u>Inside town limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift            Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket             Piston           Turbine Centrifugal       Rotary            Flowing Well Other (specify): _____ Date Pump Installed: <u>8/15/11</u> Rated Pump Capacity: <u>150</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand                      Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>120</u> feet Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/29/2011</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>90</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>201</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>183</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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

Donald Smith      0-767      Donald Smith  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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Form: OLWR-SWR-1B

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