

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 #: B22
Aquifer: _____
E-Log #: _____

County: OKtibbeha
Permit #: MS-GW-17294
Driller: Donald Smith Co
Date drilling completed: 3/28/17

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>Adaton Water Assoc</u>	Latitude: <u>33 29 59.6 N</u> Longitude: <u>88 58 47.3 W</u>
Mailing Address: <u>P.O. Box 1797</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Starkville</u> <u>Ms</u> <u>39760</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>19</u> T <u>19 N</u> R <u>13 E</u>
Telephone No. () _____	<u>3</u> Miles <u>West</u> of <u>Starkville</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>9/22/16</u>	Date drilling completed: <u>3/28/17</u> Hole depth: <u>1728'</u> Hole diameter: <u>17 3/4"</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 type="checkbox"/> <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	
Seismic Survey 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>174.4</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3/15/17</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>1700'</u> Well grouted to a depth of: <u>1635'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>1635'</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>SS Ribbed</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>1640</u> feet to <u>1700</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>1580</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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County: OKtibbleha

Permit #: MS-GW-17294

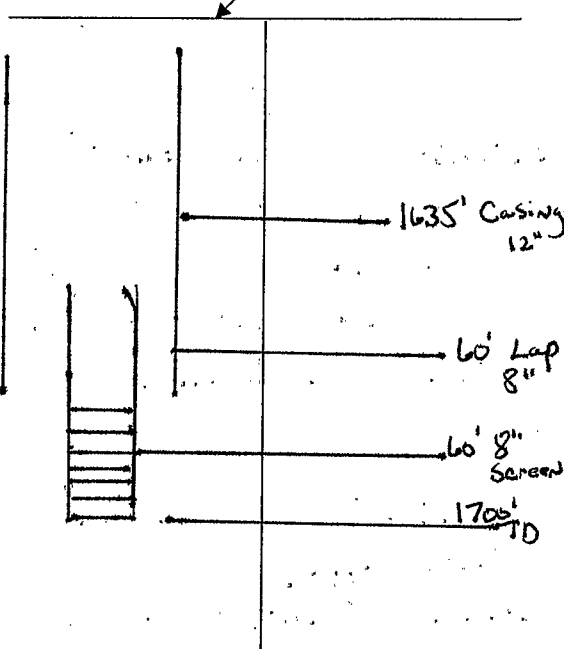
For Office Use Only:

Well #: B23

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



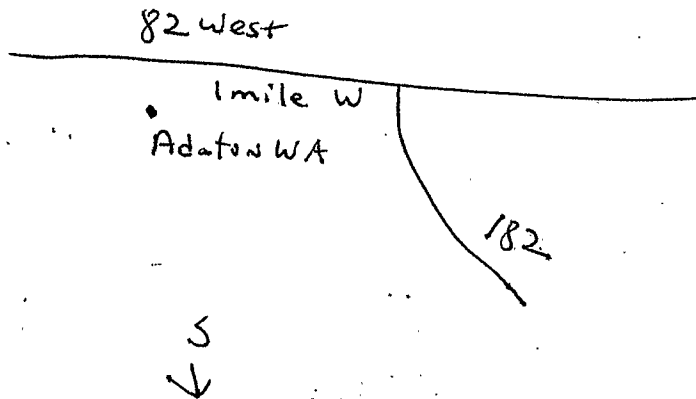
If more than one screen, show location of each on sketch

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	
Brown, Sandy Clay	0	29
Blue Clay	29	220
Limestone	220	720
Blue Clay	720	775
Rock	775	776
Blue Clay	776	914
Sand, Pea Gravel + Clay Strks	914	954
Blue Clay w/ Sand Strks	954	968
Rock	968	970
Blue Shale + Sand Strks	970	1035
Rock	1035	1036
Sand, Shale + Pea Gravel	1036	1170
Chert, Lignite, Clay Strks,	1170	1270
Trace of Sand		
Blue Clay	1270	1320
Blue Clay Strks, Lignite, ^{Fine} Sand	1320	1370
Blue Clay	1370	1440
Coarse White Sand w/ lignite	1440	1550
Pink Gumbo	1550	1590
Coarse Sand w/ sm gravel + clay Strks	1590	1710
Pink Clay		1710 - 1730

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: _____

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 Young Jr. UNR-5671
Print Name of Responsible Licensee and License No.

6/14/17
Date

Robert Young Jr.
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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: B22

Aquifer: _____

County: OKt. bbeha
 Permit #: MS-GW-17294
 Driller: Donald Smith Co.
 Date completed: _____
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>Adaton Water Assoc</u>	Latitude: <u>33 29 59.6^N</u> Longitude: <u>88 58 47.3 W</u>
Mailing Address: <u>P. O. Box 1797</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Starkville</u> <u>MS</u> <u>39760</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>19</u> T <u>19N</u> R <u>13E</u>
City State Zip Code	<u>3</u> Miles <u>West</u> of <u>Starkville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 7/05/17 Rated Pump Capacity: 400 Gallons-Per-Minute

Is This Pump (circle one): New Repaired Replacement

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Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 50 Setting Depth: 294 feet Number of Stages: 7

BY O
7

Pump Test Data for Non Flowing Well

Date Well Tested: 8/30/17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 172.25 Feet Below Land Surface Pumping Water Level (B): 228.48 Feet Below Land Surface

Drawdown [(B) - (A)]: 56.23 Feet Below Land Surface Test Pumping Rate: 401 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: UM20170583

Meter Model Number/Name: 6" ultra Mag 150^{FF} Type of Meter: Mainline digital

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

Installation Date: 8/16/17 Meter installed by: Donald Smith Company, 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 9/7/17 Robert Young Jr.
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

(MABEN)



LONGVIEW QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES (CEDAR BLUFF)

089° 00' 33.7261" W
033° 32' 05.2720" N

(PHEBA)

088° 57' 00.2343" W
033° 32' 05.2720" N

(DOUBLE SPRINGS)

(STARKVILLE)

(STURGIS)

(BLUFF LAKE)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

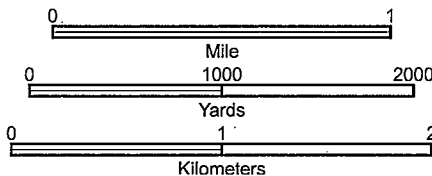
North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 14M N and
6M W

Declination

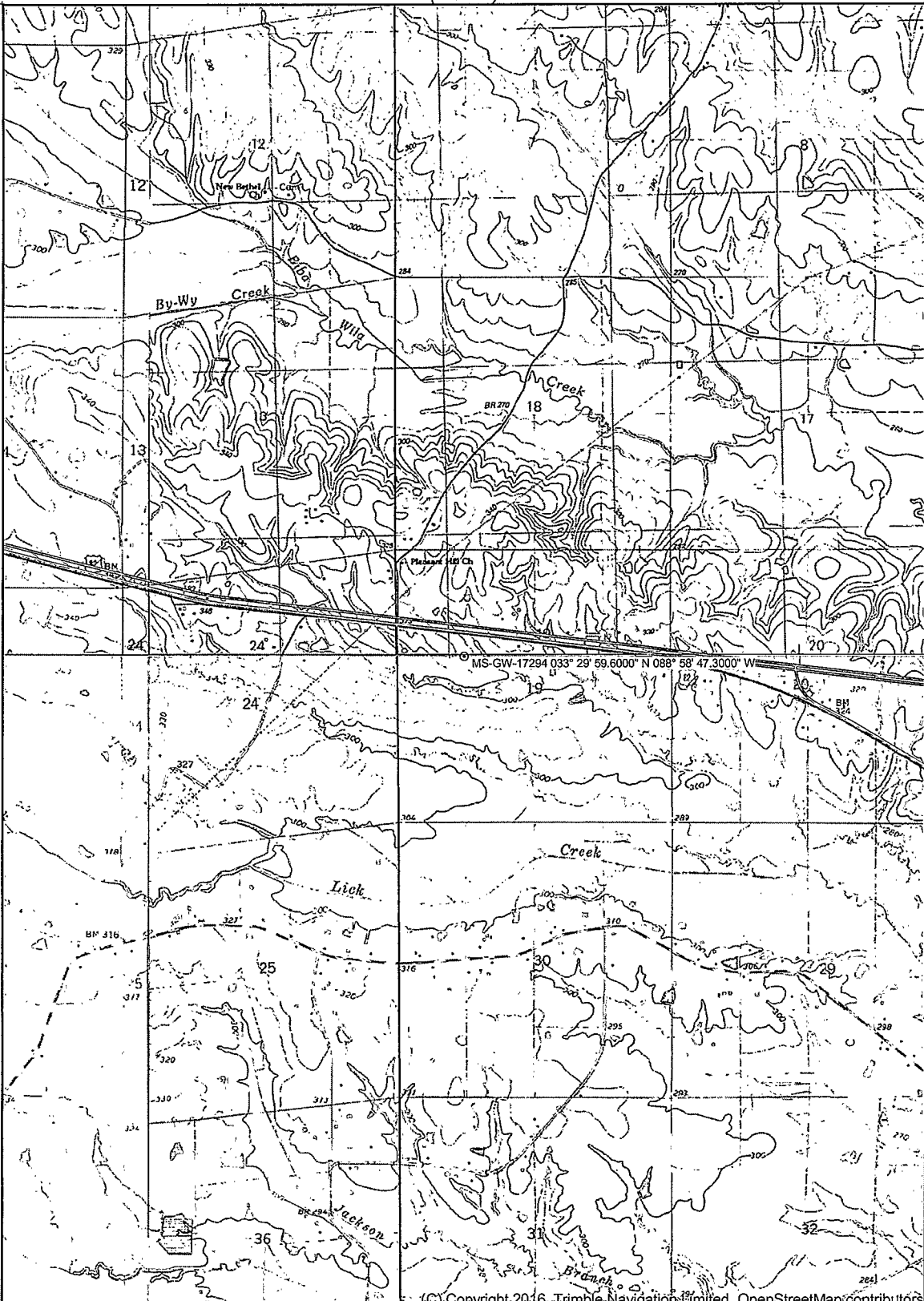


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CONTOUR INTERVAL 10 FT

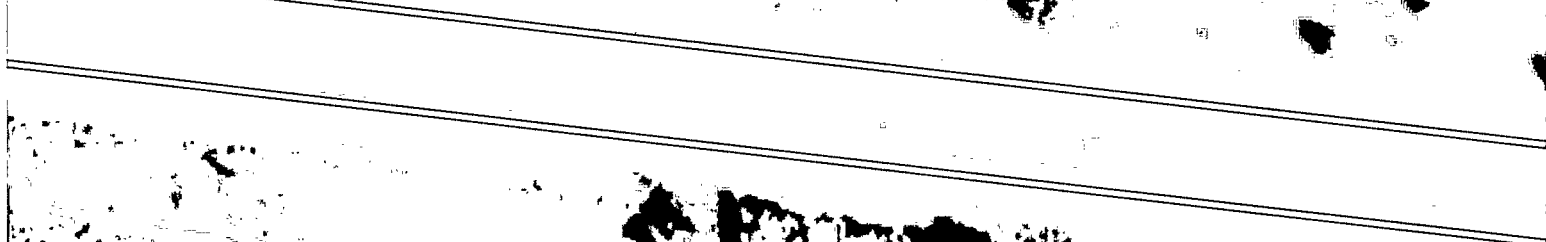
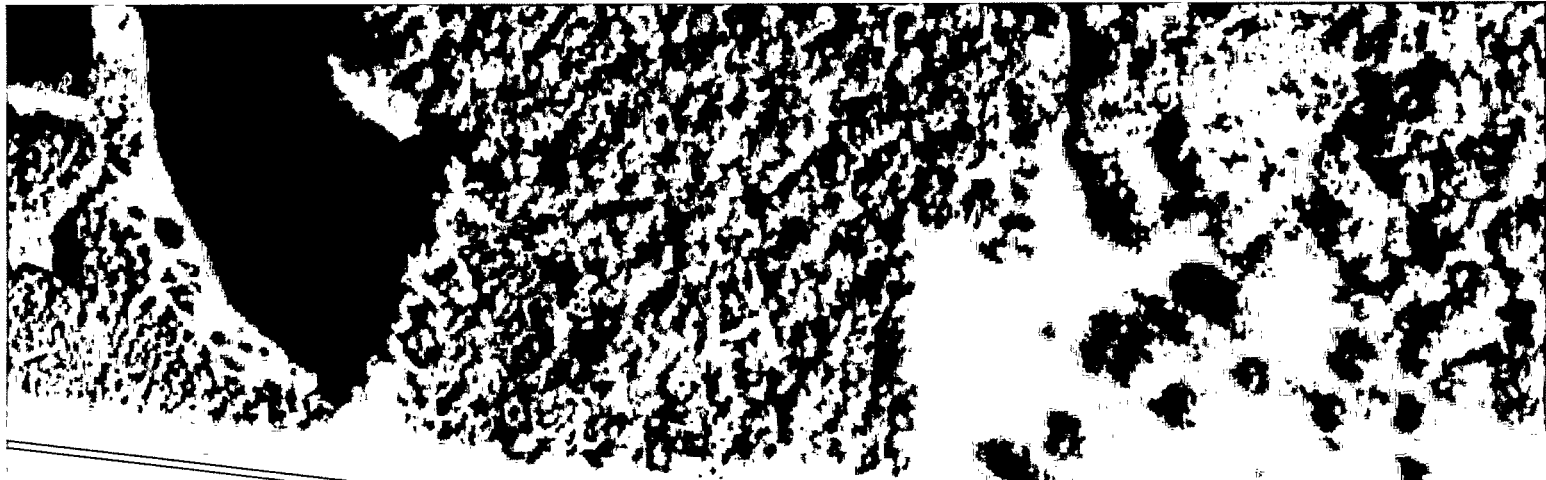
33088-D8-TM-024
LONGVIEW, MS
JAN 1, 1982



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Printed: Fri Feb 09, 2018

033° 27' 53.0859" N
088° 57' 00.2343" W



⊙ MS-GW-17294 033° 29' 59.6000" N 088° 58' 47.3000" W

