

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)

0530025-03

For Office Use Only:

Aquifer: _____
 Well #: E14
 L. S. Elevation: _____
 E-log #: _____

County: OKtibbeha
 Permit #: MS-GW-16846
 Driller: Donald Smith Co., Inc
 Date drilling completed: 5/20/11

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>Wake Forest Water Assoc.</u>	Latitude: <u>N33° 22' 40.5"</u> Longitude: <u>W89° 03' 33.7"</u>
Mailing Address: <u>Po Box 7</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Sturgis</u> <u>MS</u> <u>39769</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 32 Twn 18N Rng 12E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>West</u> of <u>Sturgis</u>

Well / Borehole Data

Date drilling started: 3/14/11 Date drilling completed: 5/20/11 Hole depth: 2527 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): Griner Drilling Service

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: 310.6 feet above of below (circle one) land surface Date measured: 4/11/2011

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

Well depth: 2280' Well grouted to a depth of 220' feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 2205 feet Casing diameter: 12 inches Type of casing: Steel, coated ID

Screen length: 60 feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .025 inches Setting depth: From 2210 feet to 2245 feet
2255 2280

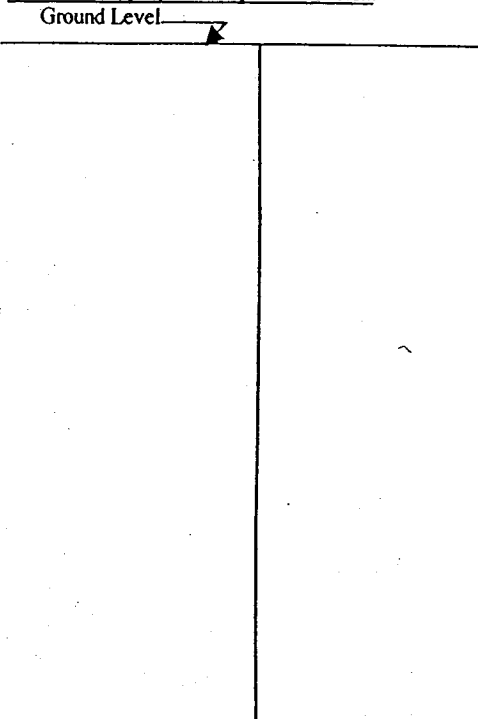
Type of completion (circle all applicable): (Gravel packed) Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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.



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	
Top Soil	0	1'
Clay & Gravel	1	7
Chalk	7	13
Chalk, Sandy	13	27
Chalk, Tan	27	48
Clay, Sandy	48	68
Marl, Tough	68	363
Rock, Chippy	363	365
Marl, Tough	365	610
Marl, Chalk, Tough	610	860
Marl, Chalk, Very Tough	860	1395
Marl, Sand Streaks	1395	1435
Sand, Tight, Tough Marl Strk	1435	1451
Marl, Tough	1451	1465
Sand, Mark Streaks	1465	1483
Rock, Chippy	1483	1485
Sand, Few Tough Marl Strks	1485	1526
Marl, Tough	1526	1546
Marl, Few Sand Strks	1546	1592
Sand, Marl Strks, Tight	1592	1722
Rock, Hard	1722	1723
Sand & Marl, Soft	1723	1729
Rock, Hard	1729	1731
Marl, Tough	1731	1750
Marl w/ Rock Strks, Tough	1750	1802
Marl, Tough	1802	1815

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: _____

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(over)

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

2/08/11

Donald Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

marl (Sandy), med Tough	1815' - 1873
marl, Tough	1873' - 1876
Sand, Tight Strks	1876 - 1957
marl	1957 - 1960
Sand	1960 - 1986
Gravel, Sand, Marl Tight	1986 - 2017
Sand, Tight Strks	2017 - 2035
Marl, Pink, White, Blk, Very Tough	2035 - 2076
Sand, Marl Strks	2076 - 2091
marl, Tough	2091 - 2094
Rock, Choppy	2094 - 2096
Marl, Tough	2096 - 2129
Sand, med Soft	2129 - 2148
Sand + Rock, Tight	2148 - 2181
Sand, Rock, Some marl, Tight	2181 - 2256
Rock, Choppy	2256 - 2260
marl, Tough	2260 - 2264
Sand + marl, Tight	2264 - 2282
Marl, Tough	2282 - 2297
Sand + marl, Gravel	2297 - 2318
Rock, Choppy, Red Marl	2318 - 2332
Marl, Tough + Rock Strks	2332 - 2377
Sand, Rock, Marl	2377 - 3435
Marl, Rock, choppy, Tough	2435 - 2441
Marl, Sand, Rock Strks	2441 - 2460
Rock + Marl, Choppy	2460 - 2470
Sand w/ Marl Strks, Tight	2470 - 2476
Sand, med	2476 - 2499
Rock + marl, Choppy	2499 - 2517
Sandy, Marl w/ Rock strks, Tight	2517 - 2527

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: OKt:bbaha
 Permit #: MS-GW-16846
 Driller: Donald Smith Co
 Date completed: 11/15/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E14
 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>Wake Forest Water Assn</u> Mailing Address: <u>PO Box 7</u> <u>Sturgis MS 39769</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>N33,22.40 S</u> Longitude: <u>W089,03,33.7</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>NW 1/4 SE 1/4 Sec 32 T18N R12E</u> Distance _____ Direction <u>N</u> Nearest Town _____ <u>6</u> Miles <u>W</u> of <u>Sturgis</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8/25/2011</u> Rated Pump Capacity: <u>200</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>392</u> feet Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/11/2011</u> Static Water Level (A): <u>310.60</u> Feet Below Land Surface Pumping Water Level (B): <u>315.10</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4.50</u> Feet Below Land Surface Test Pumping Rate: <u>300</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>25</u> hours	<u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>239</u> GPM with a drawdown of <u>3.8</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
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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DEC 05 2011
Form: OLWR-SWR-1B

BY: OLWR