

APR-11-2006 08:30 From: MID SOUTH WATER

6628431717

To: 360 0535

P.2/3

County: Oktibbeha  
 Permit #: OW-15931  
 Driller: David Canady  
 Date drilling completed: 3-25-06

**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 #: G-104  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>City of Starkville</u>          Mailing Address: <u>181 Sampkin Street</u>  <u>Starkville, MS 39759</u>          City State Zip Code          Telephone No. <u>(662) 324-4011</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 26' 06N</u> Longitude: <u>88° 51' 44W</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS          1/4 _____ 1/4 Sec <u>8</u> Twn <u>18N</u> Rng <u>14E</u>          Distance _____ Direction _____ Nearest Town _____          Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 1-21-06 Date drilling completed: 3-25-06 Hole depth: 1555' Hole diameter: 21" Ø  
 Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 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 \_\_\_\_\_ M/A \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 164' feet above or below (circle one) land surface: \_\_\_\_\_ Date measured: 3-25-06  
 Method of Measurement (circle one) steel tape \_\_\_\_\_  electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: \_\_\_\_\_  
 Well depth: 1544' Well grouted to a depth of 1445' feet Type of grout (circle one)  Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_  
 Casing length: 1445 feet Casing diameter: 16 inches Type of casing: STEEL  
 Screen length 90 feet Screen diameter: 10 inches Type of screen: 5/16" STAINLESS STEEL  
 Screen slot size: .025 inches Setting depth: From 1450 feet to 1540 feet  
 Type of completion (circle all applicable):  Gravel packed  Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_  
 Other (describe) \_\_\_\_\_  
 Top of tap pipe or reduction in casing: 1360 feet. *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A

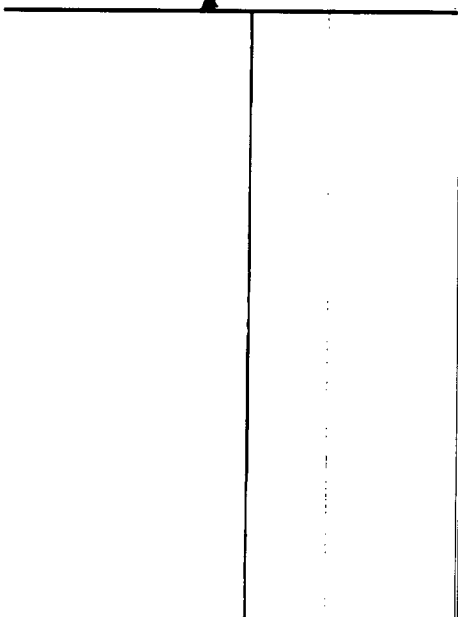
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 APR 11 2006  
 BY: OLWR

G-104

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

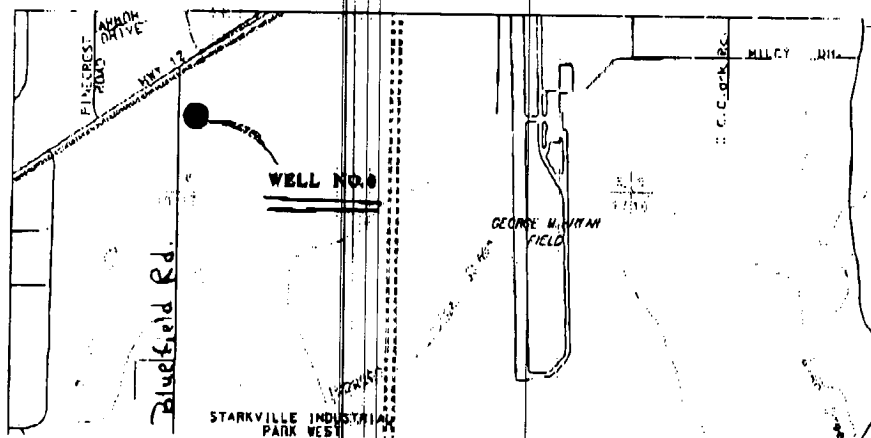


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	760
Sand w/ clay streaks	760	813
Clay w/ sand streaks	813	875
Sand w/ shale streaks	875	907
Shale	907	1063
Shale w/ clay streaks	1063	1156
Shale w/ sand streaks	1156	1186
Sandy Shale	1186	1250
Clay	1250	1294
Sand	1294	1351
Shale w/ sand streaks	1351	1424
Clay	1424	1439
Sand	1439	1546
Shale	1546	1555

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:

CITY OF STARKVILLE

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.

Thomas G. Chrestman 0-703

Handwritten signature of Thomas G. Chrestman

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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APR 11 2006

BY: OLWR

FEB-02-2007 09:04 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

**FAXED**  
5-29-06

### 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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-104  
Elevation: \_\_\_\_\_

County: Okfuskeha  
Permit #: GW-15931  
Driller: David Canady  
Date completed: 3-25-06  
*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>City of Starkville</u>	Latitude: <u>33° 26' 06" N</u> Longitude: <u>88° 51' 44" W</u>
Mailing Address: <u>101 Sampkin Street</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Starkville, MS 39759</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8 T 18N R 14E</u>
Telephone No. <u>662 324-4011</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Other (specify): _____	Electric Motor <input checked="" type="checkbox"/>
Date Pump Installed: <u>5-25-06</u>	Hand <input type="checkbox"/>
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Tractor PTO <input type="checkbox"/>
	Windmill <input type="checkbox"/>
	Other (specify): _____
	Horse Power Rating of Motor: <u>200 HP</u>
	Setting Depth: <u>317</u> feet
	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-29-06</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>164</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>233</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown ((B) - (A)): <u>66</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>1212</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>1212</u> GPM with a drawdown of
	<u>66</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Thomas G. Chrestman 0-703  
Print Name of Pump Installer and License No. (if applicable) Thomas G. Chrestman  
Signature of Pump Installer

Form. OLWR-SWR-1B

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FEB 02 2007  
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