

### State Well Report

#### Part 1

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 #: R-80  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: SMITH  
 Permit #: 705-GW-16185  
 Driller: A-1 DRILLING SERVICE INC  
 Date drilling completed: 6-15-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>TRI COUNTY WATER ASSN</u>	Latitude: <u>31° 50' 48"</u> Longitude: <u>89° 19' 05"</u>
Mailing Address: <u>838 CR 7</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>TAYLORSVILLE MS 39168</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW SE</u> <u>NE 1/4 SE 1/4</u> Sec <u>8</u> Twn <u>10N</u> Rng <u>13W</u>
Telephone No. <u>(601) 729-2003</u>	Distance Direction Nearest Town <u>1.5</u> Miles <u>W-SW</u> <u>STRINGER</u>

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-7-05 Date well drilling completed: 6-15-05

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

Static Water Level: 74 feet above or below (circle one) land surface Date measured: 6-27-05

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

Hole depth: 213 Well depth: 210 Well grouted to a depth of 169 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 171 feet Casing diameter: 16 inches Type of casing: Epoxy ch stl

Screen length: 40 feet Screen diameter: 10 ID inches Type of screen: Bar welded steel

Screen slot size: .015 inches Setting depth: From 169 feet to 209 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: 109 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): Office of Geology 8-22-04

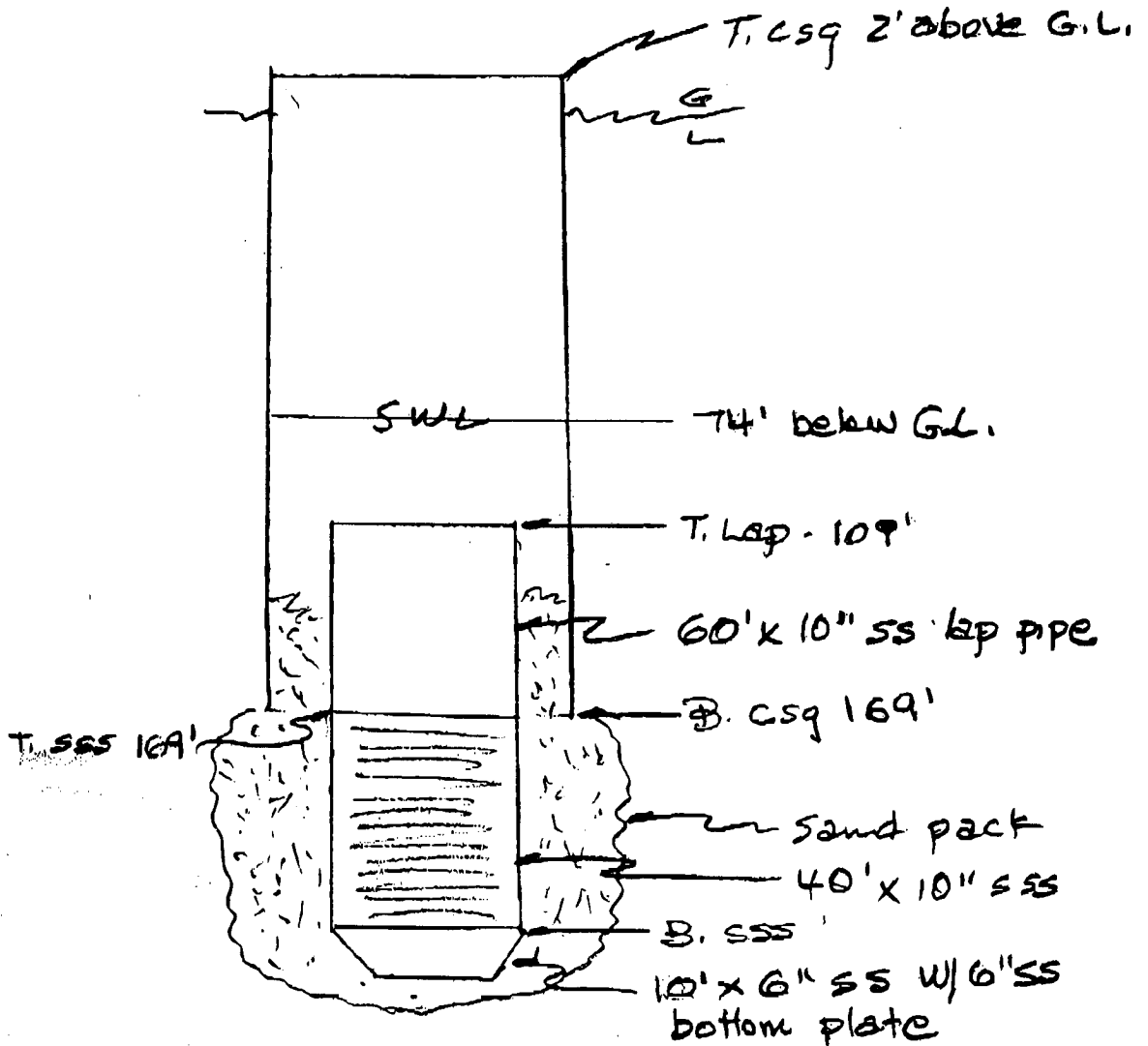
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

WILBUR T. BAUGHMAN 0410  
 Print Name of Water Well Contractor and License No.

Wilbur T. Baughman  
 Signature of Water Well Contractor

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A-80



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If well telescopes please sketch below and show depths.

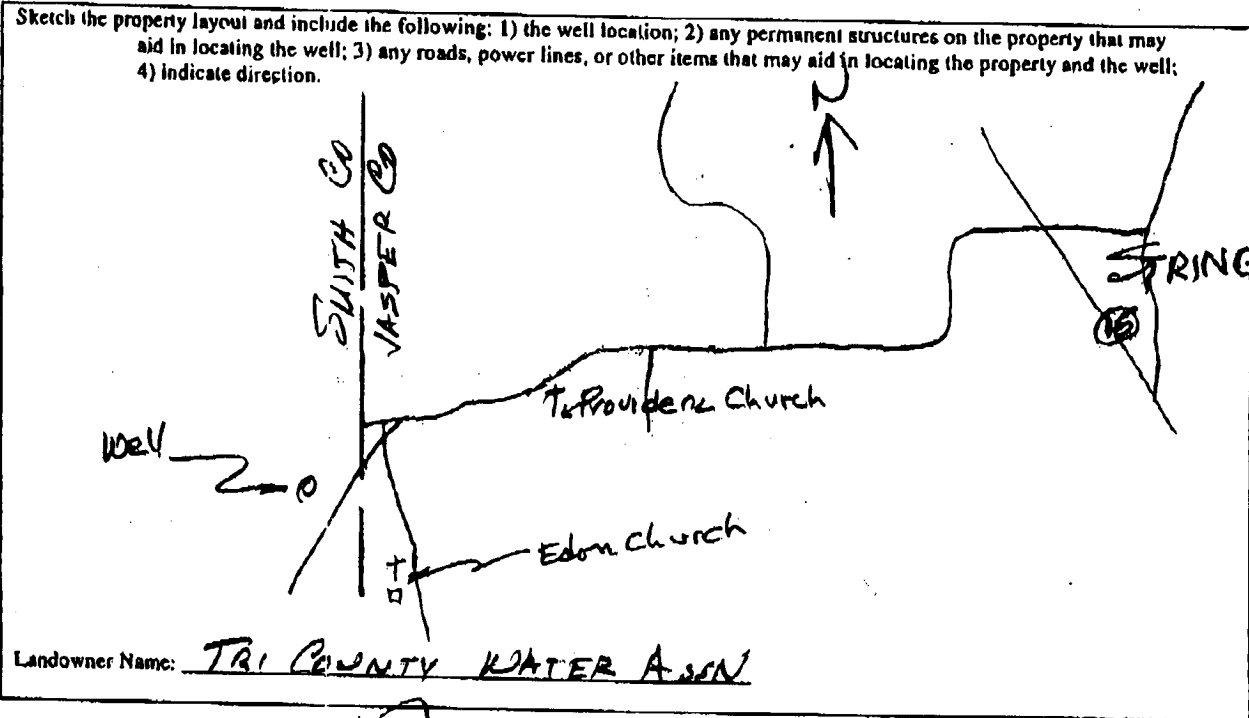
R-80

Ground Level

SEE BACK OF STATE WELL REPORT AS PER YOUR REQUEST

Description of Formations Encountered	From	To
Sandy top soil	0	2
Clay, orange	2	18
Clay, red v sandy	18	20
Sand, yellow / pea gravel	20	65
Sand w/ streaks clay	65	78
Clay soft, pink sand	78	106
Clay w/ gravel	106	115
Sand & clay mixed	115	118
Sand	118	213
Rock	213	213 1/2

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



Signature of Water Well Contractor

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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: Smith  
 Permit #: MS-GW-15185  
 Driller: A-1 Drilling Service  
 Date completed: 9-28-05

**For Office Use Only**  
 Aquifer: \_\_\_\_\_  
 Well #: R-80  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>TRV COUNTY WATER ASSN</u>	Latitude: <u>31 50 48</u> Longitude: <u>89 19 05</u>
Mailing Address: <u>B3B C.R. 7</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>TAYLORSVILLE MS 39168</u>	<u>SW 58</u> USGS quad, <input checked="" type="checkbox"/> hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 8 Twn 10N Rng 13W</u>
Telephone No. <u>(601) 729-2083</u>	Distance Direction Nearest Town
	<u>15</u> Miles <u>W</u> of <u>Stringer</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>8-27-05</u>	Setting Depth: <u>173</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-28-05</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>74</u> Feet <input checked="" type="checkbox"/> Below Land Surface	Other (specify): <u>Altitude gauge</u>
Pumping Water Level (B): <u>124</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>48</u> Feet Below Land Surface	Well yielded <u>476</u> GPM with a drawdown of
Test Pumping Rate: <u>476</u> Gallons Per Minute	<u>48</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Wilbur T. Baughman  
 Print Name of Pump Installer and License No. (if applicable)

Wilbur T. Baughman  
 Signature of Pump Installer

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 OCT 03 2005  
 BY: OLWR