

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F62  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

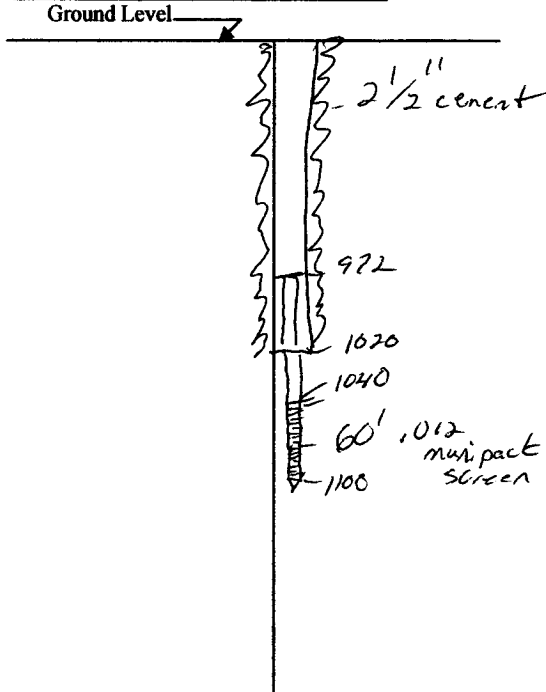
County: Stone  
Permit #: MS0116594  
Driller: Lyman Well Co.  
Date drilling completed: 11/9/09

*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>SCWA Stone County Utility Authority</u>	Latitude: <u>30° 45' 51" N</u> Longitude: <u>89° 08' 17" W</u>
Mailing Address: <u>P.O. Box 1331</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Wiggins</u> State: <u>MS</u> Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 25</u> Twn <u>35</u> Rng <u>12W</u>
Telephone No. (601) <u>928-0880</u>	Distance _____ Miles _____ of _____ Nearest Town _____
Well / Borehole Data	
Date drilling started: <u>8/10/09</u> Date drilling completed: <u>10/20/09</u> Hole depth: <u>1100</u> Hole diameter: <u>12</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Granulated</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>MJEG</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ 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 (check one): Home _____ Industrial _____ Public Supply <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>140'</u> feet above or below (circle one) land surface Date measured: <u>11/3/09</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input checked="" type="checkbox"/> air line _____ other: _____	
Well depth: <u>1100</u> Well grouted to a depth of <u>1020</u> feet Type of grout (circle one) Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/>	
Casing length: <u>1020</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>60</u> feet Screen diameter: <u>6x8</u> inches Type of screen: <u>Munipack</u>	
Screen slot size: <u>1012</u> inches Setting depth: From <u>1040</u> feet to <u>1100</u> feet	
Type of completion (circle all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input checked="" type="checkbox"/> Open hole _____ Natural Development _____ Other (describe): _____	
Top of lap pipe or reduction in casing: <u>872</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

The sketch below only required for water wells

If well telescopes, show depths on sketch.

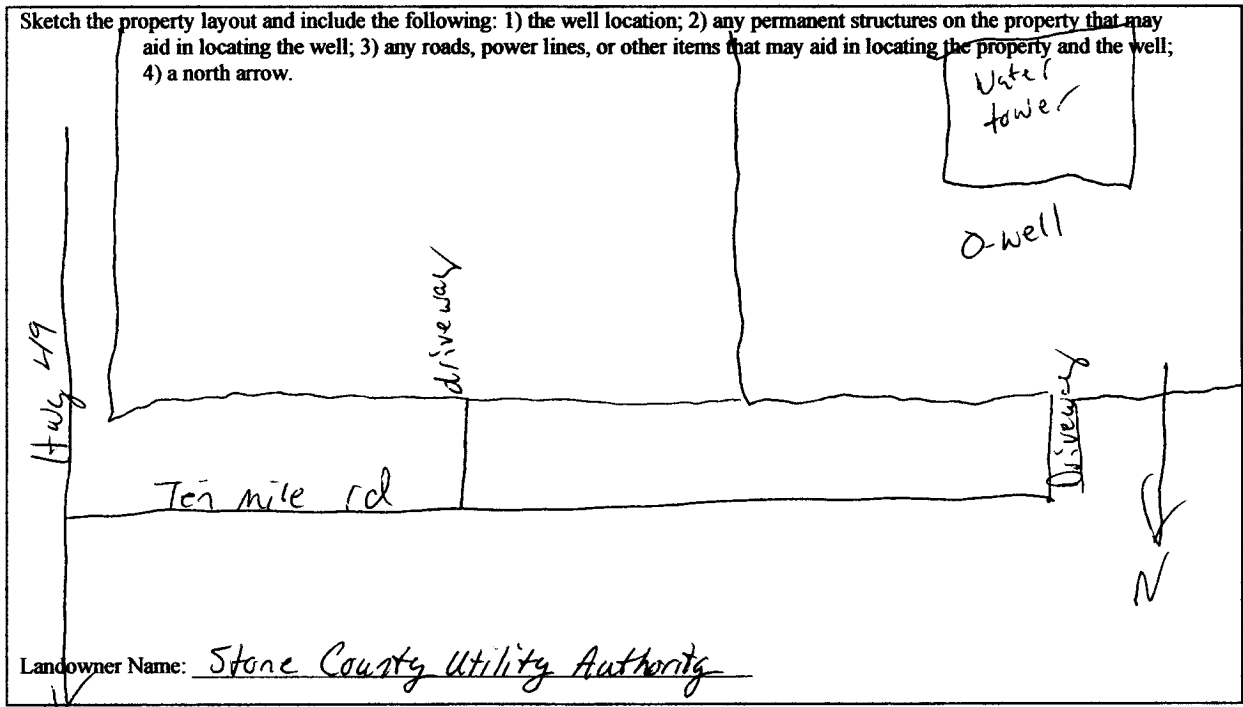


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red + white clay	Ground Level	100
sand & gravel	100	220
blue clay	220	260
brown sand	260	330
blue clay	330	580
sand	580	1100

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: Stone County Utility Authority

Form: OLWR-SWR-1A (04/08)

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.

Josh Ladner 0-6410

Print Name of Responsible Licensee and License No.

11/9/09

Date

*Josh Ladner*

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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Stone  
 Permit #: MS66W16994  
 Driller: Lyman Well  
 Date completed: 7/20/2010  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: F  
 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>Stone County Utility Authority</u>	Latitude: <u>30 45 51 N</u> Longitude: <u>89 08 17 W</u>
Mailing Address: <u>P.O. Box 1331</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Uiggins</u> <u>MS</u> <u>39577</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>25</u> T <u>35</u> R <u>12W</u>
Telephone No. <u>(601) 928-0080</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7/20/2010</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/20/2010</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of
Test Pumping Rate: <u>500</u> Gallons Per Minute	<u>25</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Hedner 0-640 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/06)

RECEIVED  
 JUL 28 2010  
 BY: OLWR