

FAXED
2-4-16

STATE WELL REPORT

County: Washington
Permit #: MS-GW-16699
Driller: Aldric Jones
Date drilling completed: 4-29-15

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 #: R0089
Aquifer: SPRT
E-Log #: R89

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 (Landowner if borehole is not for a water well)			Well or Borehole Location	
Owner Name: <u>Black Bayou Water Association, Inc.</u>			Latitude: <u>33° 05' 32.15"</u> Longitude: <u>91° 05' 42.82"</u>	
Mailing Address: <u>132 Riverview Drive Suite E</u>			Method of Lat/Long (check one): Conventional Survey _____	
			USGS quad _____, Hand-held GPS <u>x</u> , Survey-grade GPS _____	
			<u>IR</u> $\frac{1}{4}$ <u>IR</u> $\frac{1}{4}$, Sec <u>14</u> T <u>14N</u> R <u>09W</u>	
<u>Flowood</u> City	<u>MS</u> State	<u>39232</u> Zip Code	<u>.52</u> Miles <u>South</u> of <u>Chatham</u> (Distance) (Direction) (Nearest Town)	
Telephone No. <u>(601) 665-4095</u>				

Well / Borehole Data	
Date drilling started: <u>3/25/15</u>	Date drilling completed: <u>4/29/15</u> Hole depth: <u>723'</u> Hole diameter: <u>23"</u>
Location of the source of any surface water used for drilling: <u>nearby well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <u>Electric</u> Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>Teaco Geophysical Logging Services</u>	
Purpose of borehole (circle one) <u>Water Well</u> 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 (circle all applicable): Home Industrial <u>Public Supply</u> Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>45</u> feet [above or <u>below</u> land surface (circle one)] Date measured: <u>7-21-15</u>	
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>694'</u> Well grouted to a depth of: <u>640</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>640</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>steel</u>	
Screen length: <u>50</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>Wire SS</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>644</u> feet to <u>694</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>580</u> feet	
If telescoped or more than one screen, describe on next page	

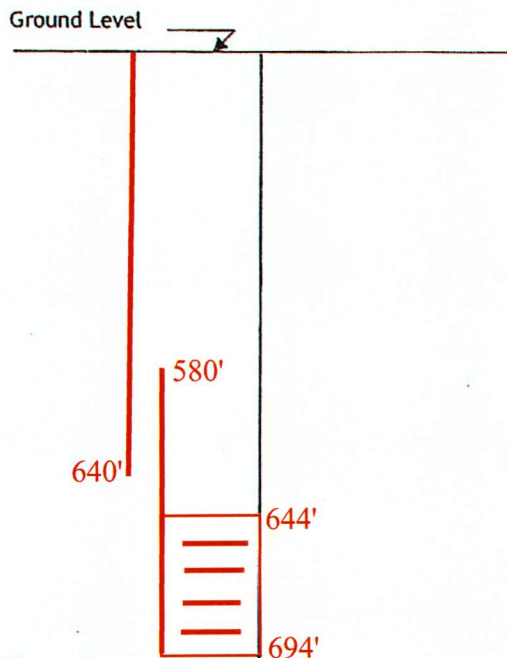
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County: Washington
Permit #: MS-GW-16699

For Office Use Only:
Well #: R0089

The sketch below only required for water wells

If well telescopes, show depths on sketch.



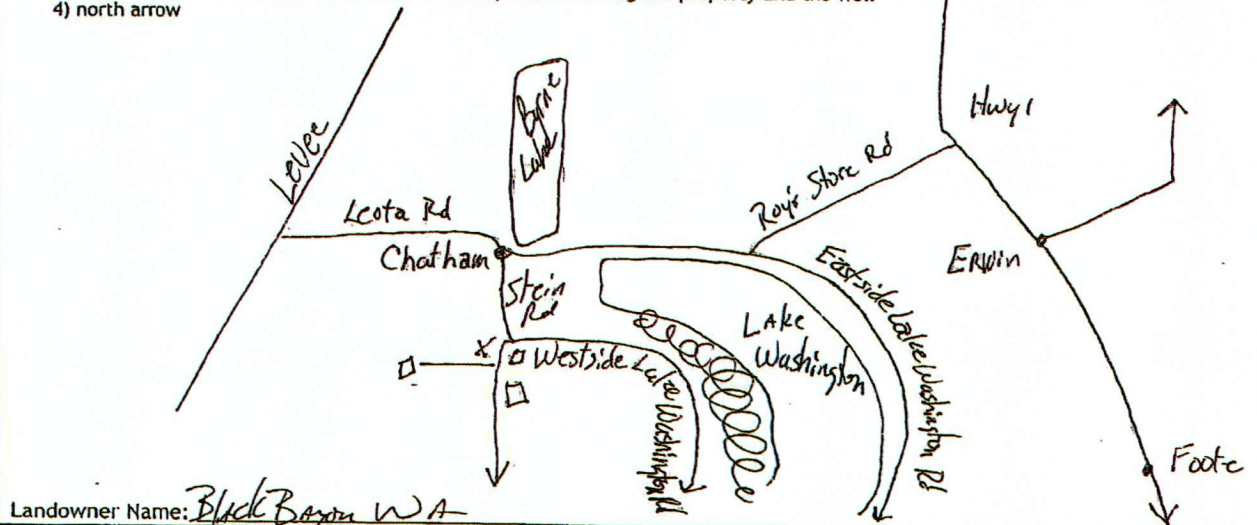
If more than one screen, show location of each on sketch

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)
Clay	Ground level	14
Coarse Sand	14	27
Coarse Sand & Pea Gravel	27	51
Coarse Sand & Gravel	51	96
Clay	96	153
Coarse Sand & Shale	153	272
Hard Clay	272	281
Coarse Sand & Shale	281	330
Sandy Shale	330	467
Clay	467	537
Sandy Shale	537	627
Sand	627	700
Sandy Shale	700	723

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: Black Bayou WA

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.

Clayton Miller 0-703 2-3-16 Clayton Miller
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

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2-4-16

STATE WELL REPORT

County: Washington
Permit #: MS-GW-16699
Driller: John Rybolt IV
Date completed: 7/21/15
Copy information from block on Part 1

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 #: R0089
Aquifer: SPRT

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>Black Bayou Water Association, Inc.</u>			Latitude: <u>33°05'32.15"</u>	Longitude: <u>91°05'42.82"</u>
Mailing Address: <u>132 Riverview Drive Suite E</u>			Method of Lat/Long (check one): Conventional Survey _____	
			USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
<u>Flowood</u>	<u>MS</u>	<u>39232</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____	
City	State	Zip Code		
Telephone No. <u>(601) 665-4095</u>			<u>.52</u> Miles <u>South</u> of <u>Clanton</u> (Distance) (Direction) (Nearest Town)	

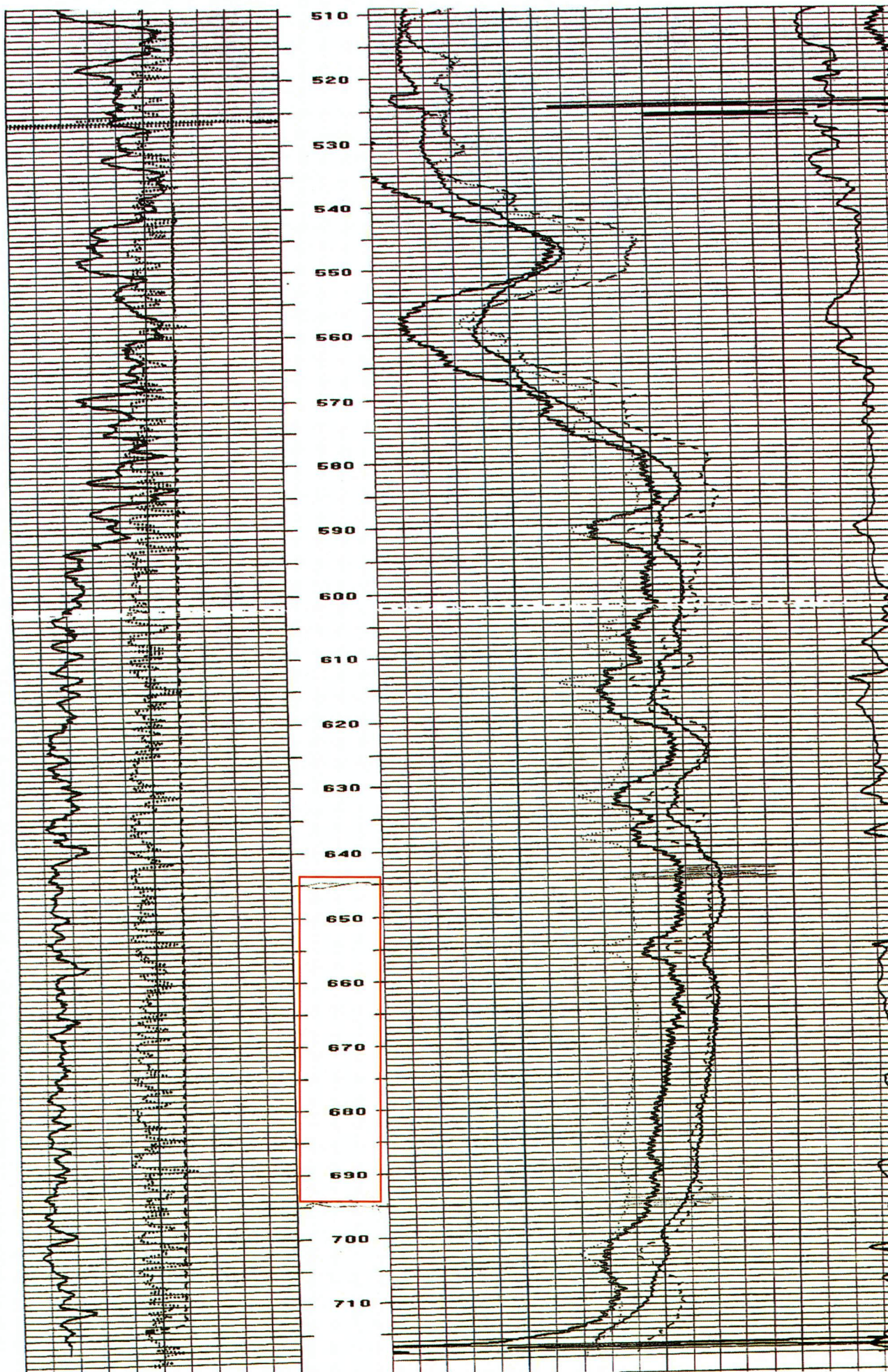
Pump Type (circle one)	
Submersible <u>Turbine</u>	Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>7-21-15</u>	Rated Pump Capacity: <u>350</u> Gallons Per Minute
Is This Pump (circle one): <u>New</u> Repaired Replacement	
Power Type (circle one)	
<u>Electric</u>	Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>25</u>	Setting Depth: <u>150'</u> feet Number of Stages: <u>3</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>5-6-15</u>	Duration of Pump Test (minimum 4 hours): <u>8</u> hours
Static Water Level (A): <u>45</u> Feet Below Land Surface	Pumping Water Level (B): <u>62</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Test Pumping Rate: <u>300</u> Gallons Per Minute
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Pump Test Data for Flowing Well	
Measured shut in head: <u>40</u> feet.	
Well yielded <u>400</u> GPM with a drawdown of <u>21</u> feet after <u>4</u> hours of pumping	

Meter Installation	
Meter Manufacturer: <u>McCrometer</u>	Meter Serial Number: <u>20150423-08</u>
Meter Model Number/Name: <u>M604</u>	Type of Meter: <u>Propeller Meter F x F</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): <u>gal x 1000</u>	
Installation Date: <u>7/21/15</u>	Meter installed by: <u>Mid South Water, LLC</u>
Is This Meter (circle one): <u>New</u> Repaired Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Clayton Miller</u> 0-703	<u>2-316</u> <u>Clayton Miller</u>
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer

Black Bayou



(AVON)

(READLAND)

(PERCY)

Declination

(MAYERSVILLE)
SCALE 1:24000

(ROLLING FORK
WEST)

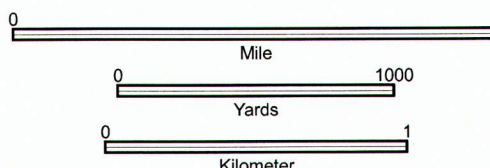
(MILLIKIN)

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

North American 1983 Datum (NAD83)
Polyconic Projection

To place on the predicted North American
1927 move the projection lines 14M N and
10M W

GN 1.04° E
MN 0.21° W



CONTOUR INTERVAL 5 FEET
MEAN SEA LEVEL

GLEN ALLAN, MS
1970

