

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E66
Aquifer: _____
E-Log #: _____

County: Yalobusha
Permit #: CW17105
Driller: Barry Crook
Date drilling completed: 10/2/14

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Billy's Creek Water Association</u>	Latitude: <u>N34°02.⁴⁹810</u> Longitude: <u>W89°52.⁰²030</u>
Mailing Address: <u>P.O. Box 828</u>	Method of Lat/Long (check one): Conventional Survey, _____ USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City <u>Water Valley</u> State <u>MS</u> ZC <u>38965</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>10</u> T <u>25N</u> R <u>4E</u>
Telephone No. <u>662-675-8370</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/11/14</u> Date drilling completed: <u>10/2/14</u> Hole depth: <u>1076'</u> Hole diameter: <u>17"</u>
Location of the source of any surface water used for drilling: _____ Tap installed on water line 1800' from well
Method of dosing and volume of Chlorine used in drilling and development: _____ 15 gallons poured through top
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____
Name of organization running log(s): <u>Layne Christensen Company</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well _____ 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 (circle all applicable): Home _____ Industrial _____ <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>181'</u> Feet [Above or <input checked="" type="checkbox"/> Below] Land surface Date measured: <u>9/24/14</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape _____ Air line _____ Other (describe): _____
Well depth: <u>1046</u> Well grouted to a depth of: <u>1015</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement _____ Bentonite _____ Mix _____
Casing length: <u>1015</u> Feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>
Screen length: <u>26</u> Feet Screen diameter: <u>8</u> inches Type of screen: <u>Stainless Steel</u>
Screen slot size: <u>0.025</u> Setting depth: From <u>1020</u> feet to <u>1046</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed _____ Open Hole _____ Natural Development _____
Other (describe): _____
Top of lap pipe or reduction in casing: <u>958</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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

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OCT 17 2014

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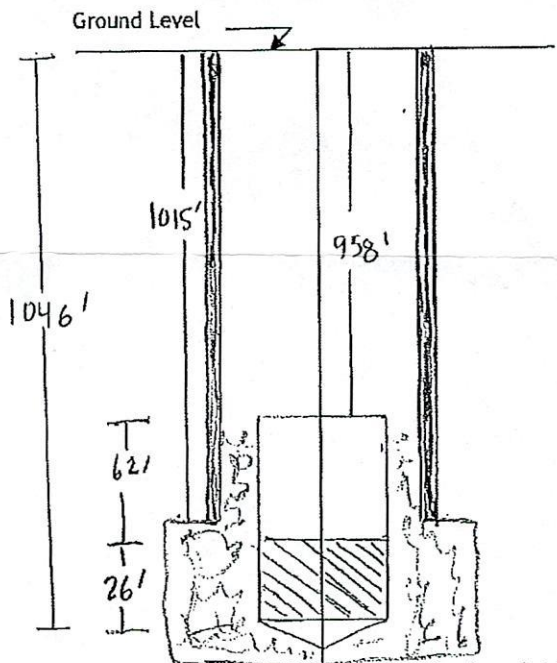
County: Yalobusha
 Permit #: GW17105

For Office Use Only:
 Well #: Elob

The sketch below only required for water wells

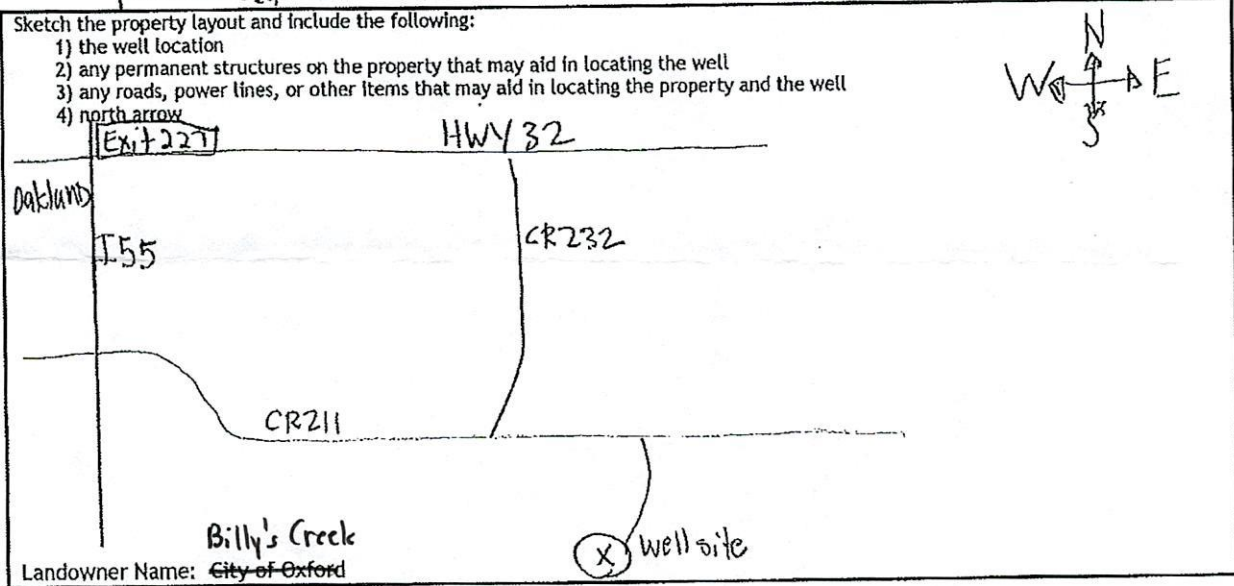
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	12
Sand and Gravel	12	19
Pink and White Clay	19	37
White Clay	37	49
Fine Sand and Clay	49	57
Fine Sand, Clay and Lignite Streaks	57	94
Blue Clay	94	109
Hard Clay	109	124
Fine Sand, Shale and Lignite Streaks	124	335
Sand, Clay and Lignite Streaks	335	441
Hard Shale and Lignite	441	553
Sand, Lignite, and Shale	553	599
Hard Clay, Shale and Lignite	599	625
Shale, Lignite, Sand and Clay	625	748
Rock	748	752
Hard Shale and Lignite	752	845
Fine Sand, Shale and Lignite	845	965
Shale, Clay, Sand and Lignite	965	1005
Fine Sand, Shale, and Lignite Streaks	1005	1076

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



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.

Jace Rawls - 0-4688
 Print Name of Responsible Licensee and License No.

10-10-14
 Date

Jace Rawls
 Signature of Licensee

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Form: OLWR-SWR-1A (4/13) 2014

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County:	Yalobusha
Permit #:	<u>GW 1710S</u>
Driller:	Barry Crook
Date drilling completed:	10/2/14
<i>Copy information from block on Part 1</i>	

For Office Use Only:	
Well #:	<u>E66</u>
Aquifer:	_____

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>Billy's Creek Water Association</u>	Latitude: <u>N34°02.810</u> Longitude: <u>W89°52.030</u>
Mailing Address: <u>P.O. Box 828</u>	Method of Lat/Long (check one): Conventional Survey, _____ USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City <u>Water Valley</u> State <u>MS</u> ZC <u>38965</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>10</u> T <u>25N</u> R <u>4E</u>
Telephone No. <u>662-675-8370</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>1/26/2015</u>	Rated Pump Capacity: <u>250</u> Gallons Per Minute
Is This Pump (circle one): <u>New</u>	Repaired _____ Replacement _____

Power Type (circle one)	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>40</u>	Setting Depth: <u>280</u> Number of Stages: <u>12</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>5/7/2015</u>	Duration of Pump Test (minimum 4 hours): <u>6</u> hours
Static Water Level (A): <u>175</u> Feet Below Land Surface	Pumping Water Level (B): <u>263</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>88</u> Feet Below Land Surface	Test Pumping Rate: <u>250</u> Gallons Per Minute
Method of measurement (circle one): <u>Air line</u>	Steel tape Electric tape Other (describe): _____

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet	
Well yielded _____ GPM with a drawdown of _____ feet	after _____ hours of pumping

Meter Installation	
Meter Manufacturer: <u>Water Specialties</u>	Meter Serial Number: <u>20150310-04</u>
Meter Model Number/Name: <u>ML-04</u>	Type of Meter: <u>Main Line Propeller Meter</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	<u>GAL x 100</u>
Installation Date: <u>3/4/2015</u>	Meter installed by: <u>Russell Bates</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.	
Russell Bates	<u>3/4/2015</u>
Print Name of Pump Installer and License No. (if applicable)	Date
	<u>Russell Bates</u> Signature of Pump Installer

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