

1203

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 #: P32
Aquifer: _____
E-Log #: _____

County: Attala
Permit #: GW17360
Driller: John W Thompson
Date drilling completed: 11-16-17

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>Town of Sallis</u>	Latitude: <u>32°55'59.54"</u> Longitude: <u>89°52'53.36"</u>
Mailing Address: <u>6267 Front St</u> <u>Sallis MS 39160</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE 1/4 NE 1/4, Sec 33 T13 N R 4E</u>
City _____ State _____ Zip Code _____	<u>3</u> Miles <u>SE</u> of <u>Goodman</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>662 289-4909</u>	

Well / Borehole Data

Date drilling started: 11-6-17 Date drilling completed: 11-16-17 Hole depth: 960 Hole diameter: 7 3/8

Location of the source of any surface water used for drilling: Hydrant

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): Teaco

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe): Test Well

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): Test Well

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 12.8" feet above below land surface Date measured: 11-16-17
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 950 Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 675 feet Casing diameter: 6 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: stainless pipe

Screen slot size: 0.014 inches Setting depth: From 672 feet to 712 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

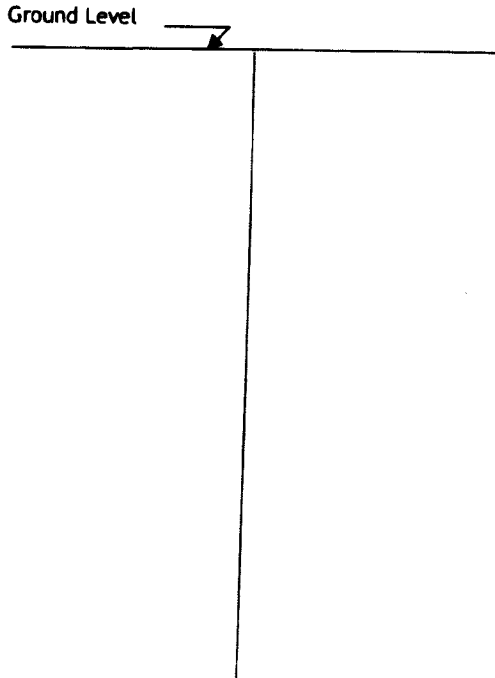
If telescoped or more than one screen, describe on next page

County: Attala
 Permit #: _____

For Office Use Only:
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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 clay	Ground level	34
sand	34	40
clay	40	60
sandy clay	60	100
clay	100	120
sand	120	410
blue clay	410	550
fine sand	550	558
hard rock	558	560
sandy clay, lignite	560	672
fine sand	672	705
shale	705	860
fine sand	860	920
shale	920	960

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) north arrow

Landowner Name: _____

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.

John W Thompson 0-679 12-4-17 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Permanent Pump

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)

For Office Use Only:

Well #: P32
Aquifer: _____

County: Attala
 Permit #: _____
 Driller: John W Thompson
 Date completed: 9-21-18
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>Town of Sallis</u>		Latitude:	<u>32° 55' 59.59"</u>
Mailing Address:	<u>6267 Front St Sallis MS 39160</u>		Longitude:	<u>89° 52' 53.36"</u>
City	State	Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
Telephone No. (____) _____			_____ 1/4 _____ 1/4, Sec <u>33</u> T <u>13N</u> R <u>4E</u> <u>3</u> Miles <u>SE</u> of <u>Goodman</u> (Distance) (Direction) (Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9-21-18 Rated Pump Capacity: 150 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 30 Setting Depth: 160 feet Number of Stages: _____

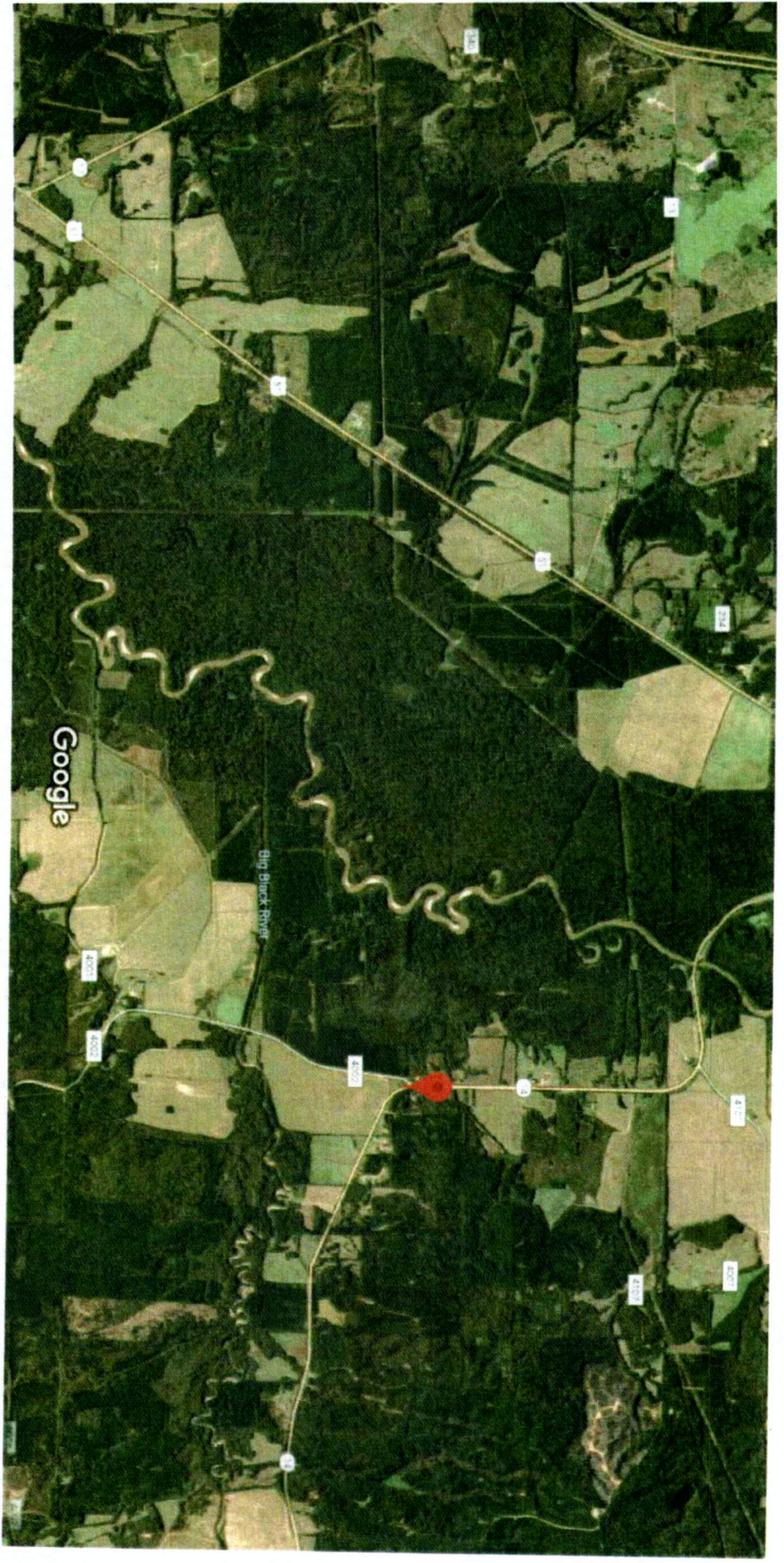
Pump Test Data for Non Flowing Well
 Date Well Tested: 9-22-18 Duration of Pump Test (minimum 4 hours): 5 hours
 Static Water Level (A): 38 Feet Below Land Surface Pumping Water Level (B): 104 Feet Below Land Surface
 Drawdown [(B) - (A)]: 66 Feet Below Land Surface Test Pumping Rate: 150 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line 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: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (check one): New Repaired Replacement
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 HEREBY CERTIFY that the above statements are true to the best of my knowledge.
John W Thompson 0-679 9-24-18
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google Maps 32°55'59.5"N 89°52'53.4"W



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P32

12/4/2017

32°55'59.5"N 89°52'53.4"W - Google Maps

Google Maps 32°55'59.5"N 89°52'53.4"W

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OCT 03 2017
BY OLW

Google

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