

190.

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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 #: 565
 Aquifer: _____
 E-Log #: _____

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County: Hinds
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 5-2-17

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 <i>(Landowner if borehole is not for a water well)</i> | | | Well or Borehole Location | |
|--|-------|----------|--|--|
| Owner Name: <u>Reedtown Water Association</u> | | | Latitude: <u>32° 03' 51.3"</u> Longitude: <u>90° 38' 21.8"</u> | |
| Mailing Address: _____ | | | Method of Lat/Long (check one): Conventional Survey _____ | |
| _____ | | | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ | |
| _____ | | | <u>NE 1/4 NE 1/4, Sec 31 T 31 N R 42 W</u> | |
| City | State | Zip Code | <u>2.5</u> Miles <u>S</u> of <u>Utica</u> | |
| Telephone No. (____) _____ | | | (Distance) (Direction) (Nearest Town) | |

Well / Borehole Data

Date drilling started: 4-2-17 Date drilling completed: 5-2-17 Hole depth: 400 Hole diameter: 8"

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

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 #1 PA 5/2/17

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

Static Water Level: 64 feet [above or below] land surface Date measured: _____
 (circle one)

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

Well depth: 360 Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 10 inches Setting depth: From 320 feet to 360 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

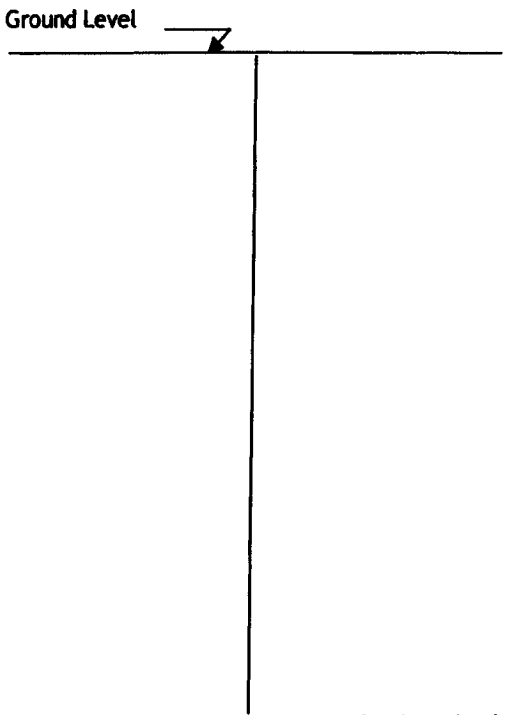
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The sketch below only required for water wells
If well telescopes, show depths on sketch.

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) |
|---------------------------------------|--------------|------------|
| brown clay | Ground level | 15 |
| sand + gravel | 15 | 35 |
| blue clay | 35 | 130 |
| soft clay | 130 | 160 |
| sand | 160 | 180 |
| soft clay | 180 | 300 |
| sand | 300 | 360 |
| hard clay | 360 | 400 |
| | | |
| | | |
| | | |
| | | |
| | | |

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: Reedtown Water

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 5-30-17 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

