

1240

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: J183
 Aquifer: _____
 E-Log #: _____

County: Jones
 Permit #: MS-GW-17420
 Driller: John W Thompson
 Date drilling completed: 2-13-2020

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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>Pine Grove Water Assoc.</u>			Latitude: <u>31°34'50.6"</u> Longitude: <u>89°16'26.6"</u>		
Mailing Address: <u>P.O. box 189</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Ellisville MS 39437</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____ State _____ Zip Code _____			<u>SE</u> ¼ <u>SW</u> ¼, Sec <u>11</u> T <u>7N</u> R <u>13W</u>		
Telephone No. (____) _____			<u>5</u> Miles <u>SW</u> of <u>Ellisville</u>		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 12-10-19 Date drilling completed: _____ Hole depth: 700 Hole diameter: 17 3/4

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 (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): TEACO

Purpose of borehole (check one): Water Well 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 (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 254 feet above or below land surface Date measured: 2-13-2020
 (check one)

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

Well depth: 680 Well grouted to a depth of: 630 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 630 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: 42 feet Screen diameter: 8" inches Type of screen: 6x8 munipac

Screen slot size: .020 inches Setting depth: From 638 feet to 680 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 573 feet

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

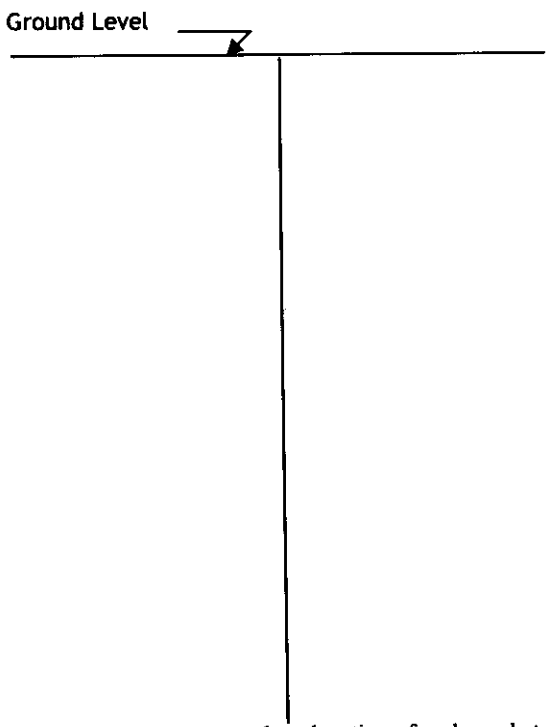
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County: Jones
Permit #: MS-GW-17420

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Well #: J183

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)
sand & pea gravel	Ground level	50
clay	50	115
clay	115	210
sand	210	360
sand & clay	360	420
hard clay	420	470
sand & clay	470	500
sand, clay, lignite	500	530
sandy, grey clay	530	640
sand	640	680
clay	680	700

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: Pine Grove Water Association

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 3-16-20 John W Thompson
Print Name of Responsible Licensee and License No. Date 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Jones
Permit #: MS-GW-17420
Driller: John W Thompson
Date completed: _____
Copy information from block on Part 1

For Office Use Only:
Well #: J183
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>Pine Grove Water Association</u>			Latitude: <u>31° 34' 50.6"</u>	Longitude: <u>89° 16' 26.6"</u>	
Mailing Address: <u>P.O. Box 189</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Ellisville MS 39437</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____	State _____	Zip Code _____	_____ 1/4 _____ 1/4, Sec <u>11</u> T <u>7N</u> R <u>13W</u>		
Telephone No. (____) _____			<u>5</u> Miles (Distance)	<u>SW</u> (Direction)	of <u>Ellisville</u> (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 4-6-20 Rated Pump Capacity: 500 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: 100 Setting Depth: 370 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
Date Well Tested: 4-6-20 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 252 Feet Below Land Surface Pumping Water Level (B): 339 Feet Below Land Surface
Drawdown [(B) - (A)]: 87 Feet Below Land Surface Test Pumping Rate: ~~24~~ 500 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 4-7-20 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

WAPGI

J183
Jones Co.

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12³/₄" casing Set @ 630' (1-24-2020)

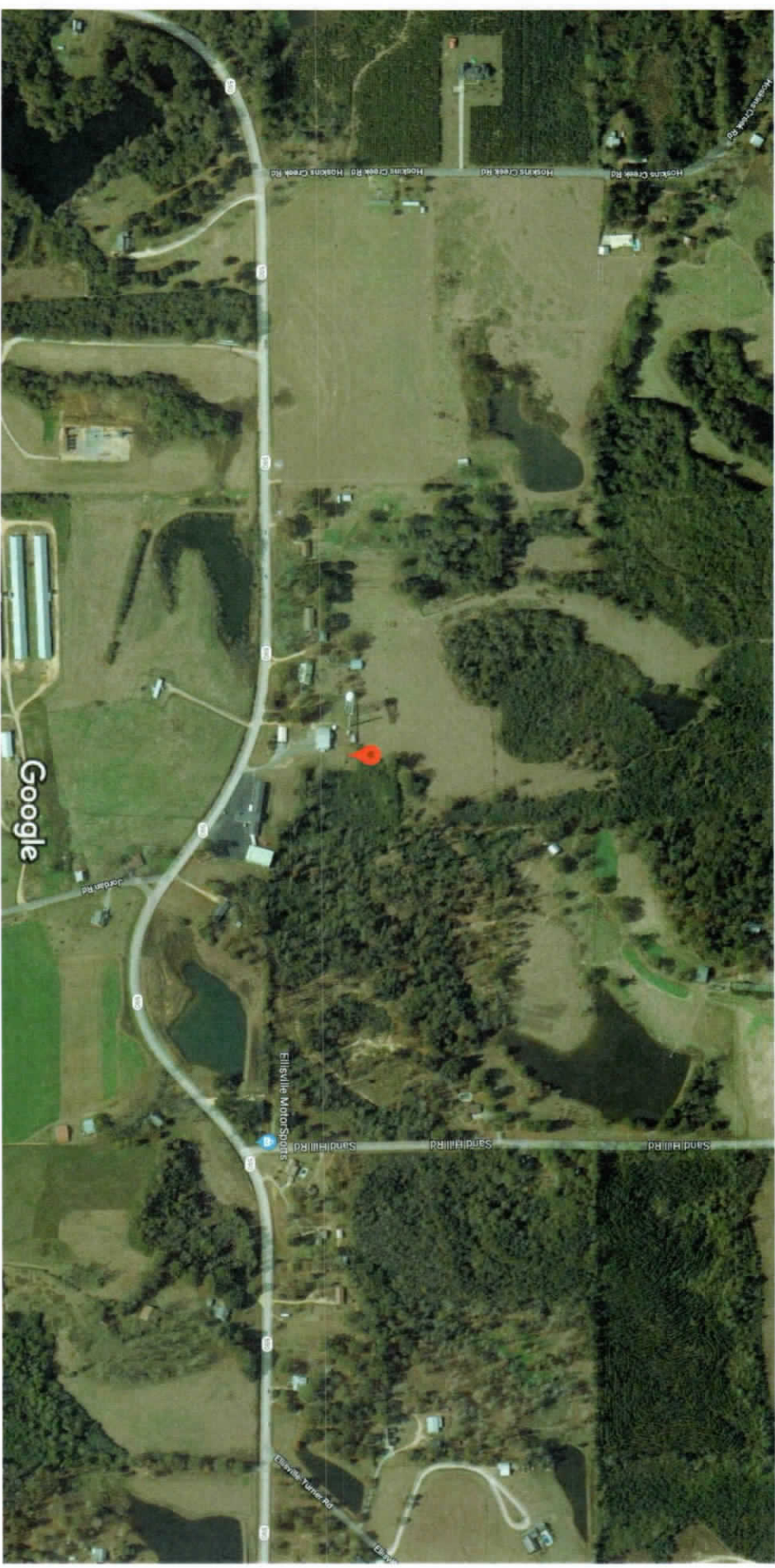
8" lap pipe f/ 573.31 - 638'

.1020 6" x 8" municipal screen
f/ 638 - 680.10

stage @ 684'

Google Maps

31°34'50.6"N 89°16'26.6"W



Imagery ©2019 Maxar Technologies, USDA Farm Service Agency, Map data ©2019 200 ft

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Google Maps

31°34'50.6"N 89°16'26.6"W



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