

# 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 #: A24  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Leake  
Permit #: \_\_\_\_\_  
Driller: Thomas Drilling  
Date drilling completed: 6-8-19

*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>Jake FRASIER</u>	Latitude: <u>32°54'56.05</u> Longitude: <u>89°43'37.25</u> <sup>W</sup>
Mailing Address: <u>P.O. Box 591</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CANTAGE</u> MS <u>39051</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>6</u> T <u>12 N</u> R <u>6E</u>
City State Zip Code	<u>5</u> Miles <u>NW</u> of <u>THOMAS TOWN</u>
Telephone No. <u>(601) 613-4740</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>6-7-19</u>	Date drilling completed: <u>6-7-19</u> Hole depth: <u>165</u> Hole diameter: <u>4</u> <sup>W</sup>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 lbs in tender to Wash</u>	
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>N/A</u>	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): <u>CATTLE</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>75'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6-7-19</u> (check one)	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>165</u> Well grouted to a depth of: <u>10+</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>155</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>155</u> feet to <u>165</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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JUL 18 2019  
BY OLWR

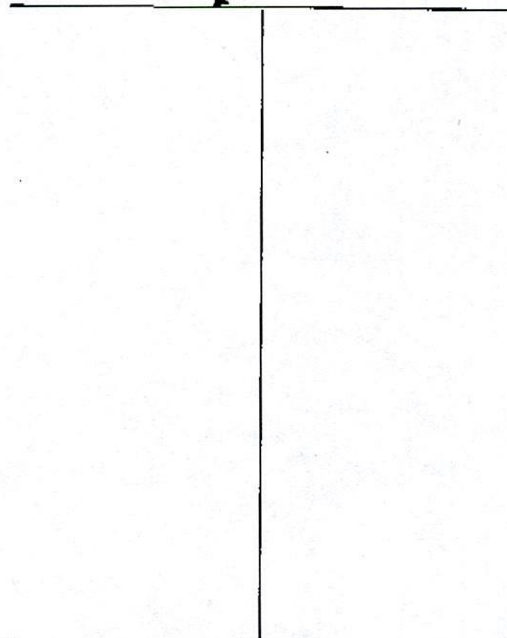
County: Leake  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: A 24

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



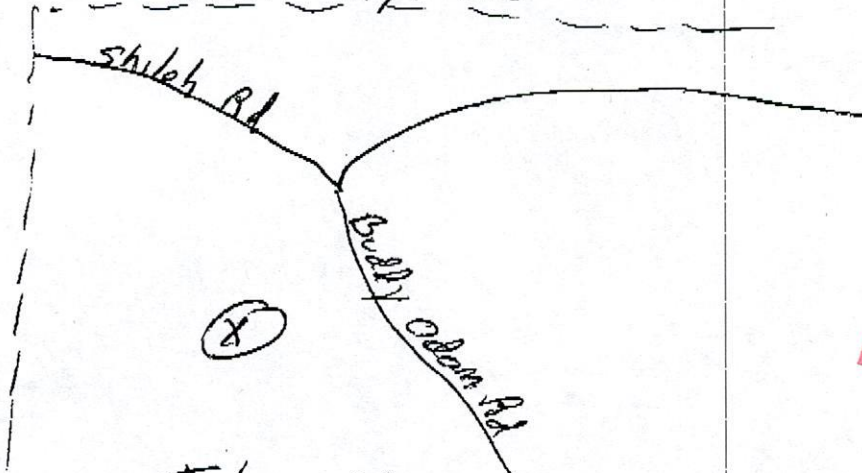
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground level	
SAND & clay	0	14
SAND & streaks	14	23
SAND	23	30
GRAY CLAY	30	98
CLAY w/ silt SAND	98	115
fine SAND	115	130
GRAY SAND	130	165

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 ATTALA CTY. line



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Landowner Name: Jake FRASIER

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.

David S. Thomas 0-149 6-18-19  
 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)

#### For Office Use Only:

Well #: A 24  
 Aquifer: \_\_\_\_\_

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 6-8-19  
 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>Jake Frasier</u>	Latitude: <u>32° 54' 56.05"</u>	Longitude: <u>89° 43' 39.25"</u>	
Mailing Address: <u>P.O. Box 591</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Carthage</u> MS <u>39051</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____		
Telephone No. <u>(601) 613-4940</u>	<u>5</u> Miles <u>NW</u> of <u>Thomas town</u>		
	(Distance) (Direction) (Nearest Town)		

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 6-7-19 Rated Pump Capacity: 10 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: 2 Setting Depth: 140 feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 6-7-19 Duration of Pump Test (minimum 4 hours): N/A hours  
 Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): 95 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 10 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.*

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 BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
David S. Thomas 0-147 6-8-19  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

(DURANT)



JOSEPH QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES

(KOSCIUSKO)

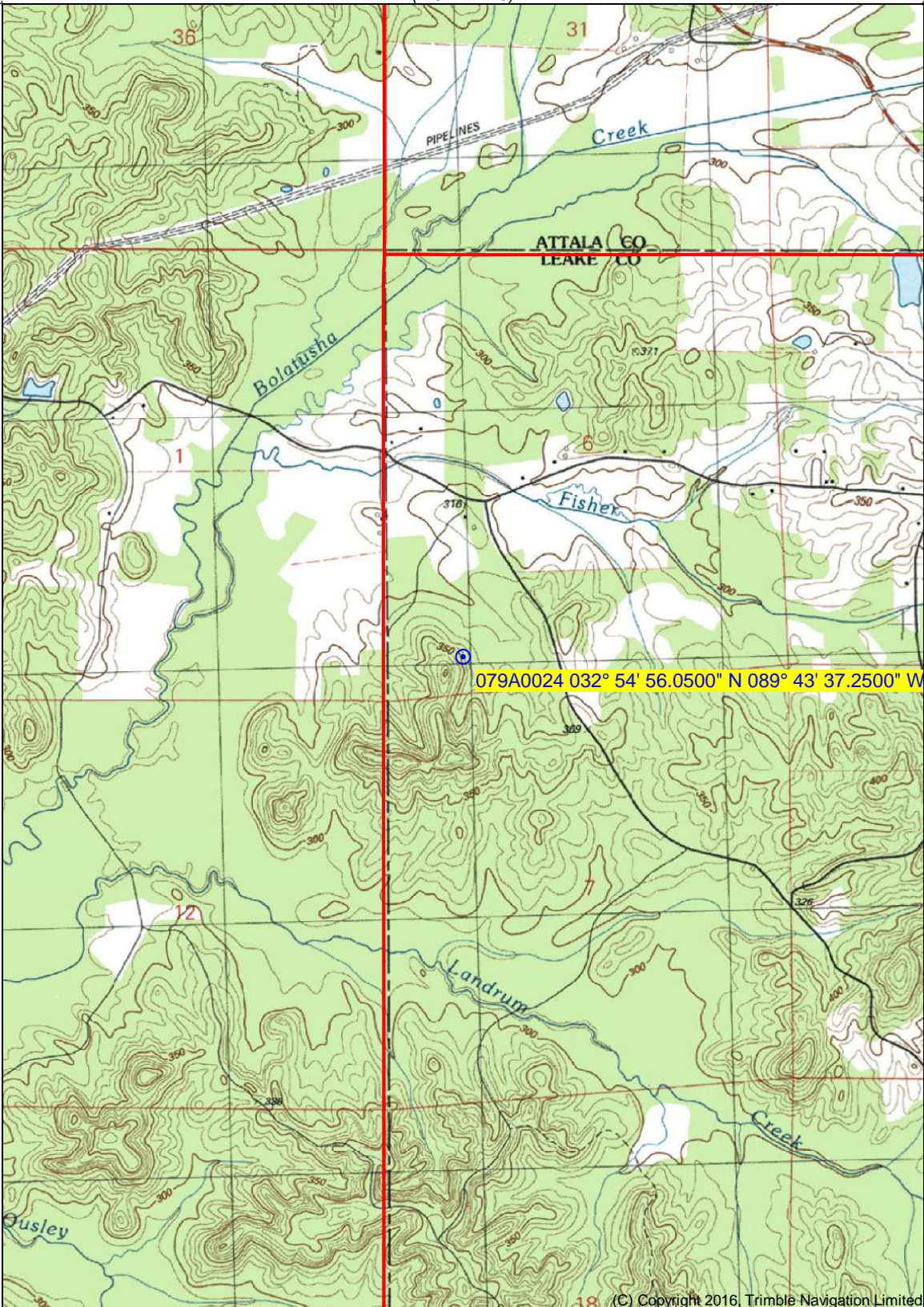
089° 44' 47.4893" W  
032° 56' 19.6456" N

(MC ADAMS)

089° 42' 26.5077" W  
032° 56' 19.6456" N

(NEWPORT)

(SINGLETON)



032° 53' 32.0101" N  
089° 44' 47.4893" W

Printed: Mon Jul 22, 2019

032° 53' 32.0101" N  
089° 42' 26.5077" W

(C) Copyright 2016, Trimble Navigation Limited

(CAMDEN)

(CONWAY)

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

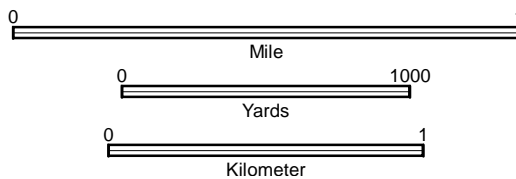
North American 1983 Datum (NAD83)

To place on the predicted North American  
1927 move the projection lines 15M N and  
7M W

Declination



(THOMASTOWN)  
SCALE 1:24000



CONTOUR INTERVAL 10 FT

32089-H6-TM-024  
JOSEPH, MS  
JAN 1, 1989