

Does not need part 2

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 #: H67
Aquifer: _____
E-Log #: _____

County: Leake
Permit #: _____
Driller: John V Thompson
Date drilling completed: 4-12-18

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.

RECEIVED
MAY 29 2018
BY OLWR

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>			Well or Borehole Location		
Owner Name: <u>Edinburg Water Assoc.</u>			Latitude: <u>32° 47' 15.7"</u> Longitude: <u>89° 24' 30.38"</u>		
Mailing Address: <u>2677 Hwy 16 E</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Carthage MS 39051</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>NE ¼ SE ¼, Sec 19 T 119 N R 9E</u>		
Telephone No. () _____			<u>8</u> Miles <u>E</u> of <u>Carthage</u>		
			<small>(Distance) (Direction) (Nearest Town)</small>		

Well / Borehole Data

Date drilling started: 3-20-18 Date drilling completed: 4-12-18 Hole depth: 1110 Hole diameter: 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 hole

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 hole

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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

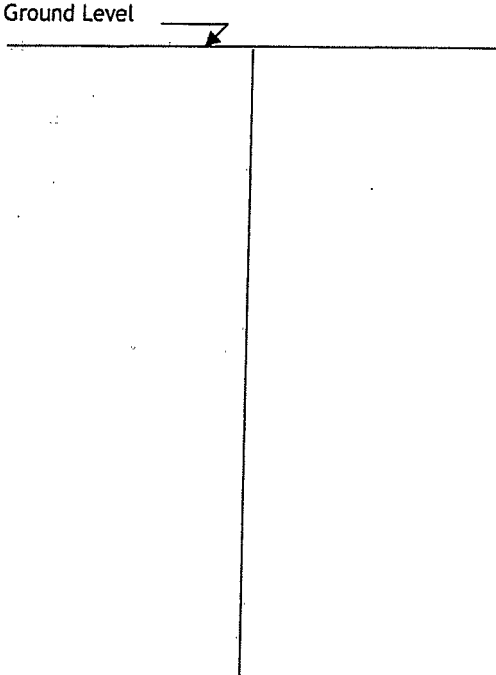
If telescoped or more than one screen, describe on next page

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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)
Clay	Ground level	35
sand & clay	35	142
rock & clay	142	190
coarse sand	190	210
clay	210	240
sand & lignite	240	335
clay	335	340
sand	340	380
clay & sand	380	500
clay	500	580
clay & lignite	580	700
clay & fine sand	700	820
fine sand	820	870
clay	870	890
fine sand	890	913
clay	913	920
fine sand & clay	920	960
fine sand	960	980
rock	980	990
clay & fine sand	990	1015
rock, clay & sand	1015	1060
clay & rock	1060	1110

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: Edinburg Water Assoc.

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
 Print Name of Responsible Licensee and License No.

5-29-18
 Date

Signature of Licensee