

1230

# 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 #: **H69**  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

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**01-16-2020**  
**BY OLWR**

*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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Edinburg Water Association</u>                                    | Latitude: <u>32° 47' 15"</u> Longitude: <u>89° 24' 30"</u>  |
| Mailing Address: <u>2677 Hwy 16 E</u><br><u>Carthage MS</u>                      | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____  | _____ ¼ _____ ¼, Sec <u>19</u> T <u>11N</u> R <u>9E</u>   |
| Telephone No. (____) _____   | <u>8</u> Miles <u>E</u> of <u>Carthage</u><br>(Distance) (Direction) (Nearest Town)                                     |

**Well / Borehole Data**

Date drilling started: 2-25-19 Date drilling completed: 8-29-19 Hole depth: **920** Hole diameter: **17.75**

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 logged the test hole (H67)**

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: 89 feet  above or  below land surface Date measured: 3-28-19  
 (check one)

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

Well depth: 889 Well grouted to a depth of: 847 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 847 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: ~~43~~ 63 feet Screen diameter: 8 inches Type of screen: 6x8 muni pac

Screen slot size: .016 inches Setting depth: From **847-869** feet to **889-910** feet

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

Other (describe): **split screen 847.5-868.75 and 888.75 - 910**

Top of lap pipe or reduction in casing: **787** feet

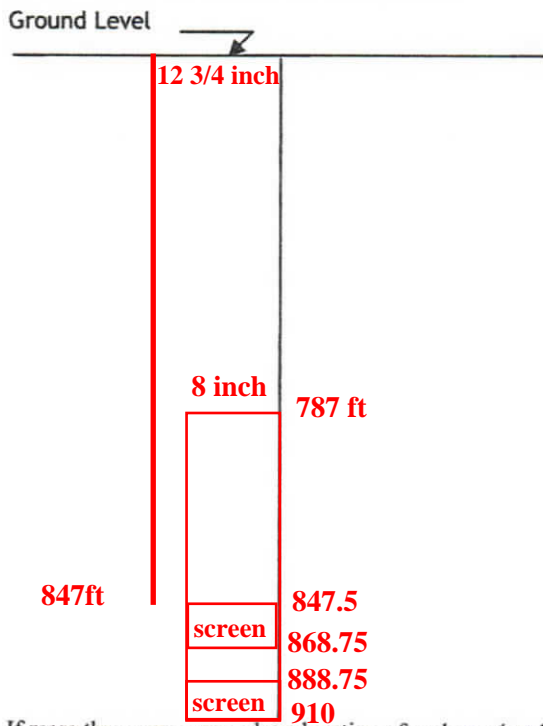
*If telescoped or more than one screen, describe on next page*

County: Leake  
 Permit #: MS-GW-17358

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 Well #: H69

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



If more than one screen, show location of each 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 | 10         |
| blue clay                             | 10           | 60         |
| sand                                  | 60           | 130        |
| clay                                  | 130          | 240        |
| sand                                  | 240          | 380        |
| clay                                  | 380          | 400        |
| sand                                  | 400          | 420        |
| clay                                  | 420          | 430        |
| sand + clay                           | 430          | 500        |
| clay                                  | 500          | 520        |
| fine sand + clay                      | 520          | 580        |
| clay + lignite                        | 580          | 840        |
| fine sand                             | 840          | 910        |
| clay                                  | 910          | 920        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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 12-16-19 John W Thompson  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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# 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 #: H69  
Aquifer: \_\_\_\_\_

County: Leake  
Permit #: MS-GW-17358  
Driller: John W Thompson  
Date completed: 2-25-19  
*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>Edinburg Water Association</u>               |       |          | Latitude: <u>32°47'15"</u>  | Longitude: <u>89°24'30"</u> |
| Mailing Address: <u>2677 Hwy 16 E</u><br><u>Carthage MS</u> |       |          | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |                             |
| City  | State | Zip Code | _____ 1/4 _____ 1/4, Sec <u>19</u> T <u>11W</u> R <u>9E</u>   |                             |
| Telephone No. (____) _____                                  |       |          | _____ 8 Miles <u>E</u> of <u>Carthage</u><br>(Distance) (Direction) (Nearest Town)                                      |                             |

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 8-29-19 Rated Pump Capacity: 250 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: 50 Setting Depth: 430 feet Number of Stages: 4

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-28-19 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 89 Feet Below Land Surface Pumping Water Level (B): 303 Feet Below Land Surface

Drawdown [(B) - (A)]: 214 Feet Below Land Surface Test Pumping Rate: 302 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 12-16-19 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Edinburg, TX

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|         |       |        |
|---------|-------|--------|
| Slinger | 6.00  | 110    |
| Screen  | 21.25 | 910    |
| Blank   | 20.00 | 888.75 |
| Screen  | 21.25 | 868.75 |
| Lap     | 6.00  | 847.50 |
| Lap     | 6.00  | 847.00 |
| TOTAL   |       | 787.00 |

17 3/4" hole  
to 847

grouted to 847

Cement

TOTAL

787.00

lap top 787 (8")

12 3/4" casing

Shore 847

6x8" .015 screen f/ 968.75 = 847.50

847.5-868.75 screen

6" 32-155 910.75 = 868.75

868.75-888.75 blank

6x8 .015 screen f/ 910 = 888.75

888.75 - 910 screen

11 1/4" hole 919.847

Packed w/ 16-30 sand  
to TOTAL