

213

LETUS ad test hole Does not need part 2 P&A 6/6/18

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 6-5-18

### 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 #: G58  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

RECEIVED  
 JUN 12 2018  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Lincoln Rural Water Assn.</u>	Latitude: <u>31° 33' 57.72"</u> Longitude: <u>90° 31' 39.95"</u>
Mailing Address: <u>P.O. Box 712</u> <u>Brookhaven MS 39601</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>20</u> T <u>7N</u> R <u>7E</u>
Telephone No. (____) _____	<u>3</u> Miles <u>W</u> of <u>Brookhaven</u> <small>(Distance) (Direction) (Nearest Town)</small>

**Well / Borehole Data**

Date drilling started: 5-29-18 Date drilling completed: 6-5-18 Hole depth: 1225 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): P&A

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): \_\_\_\_\_

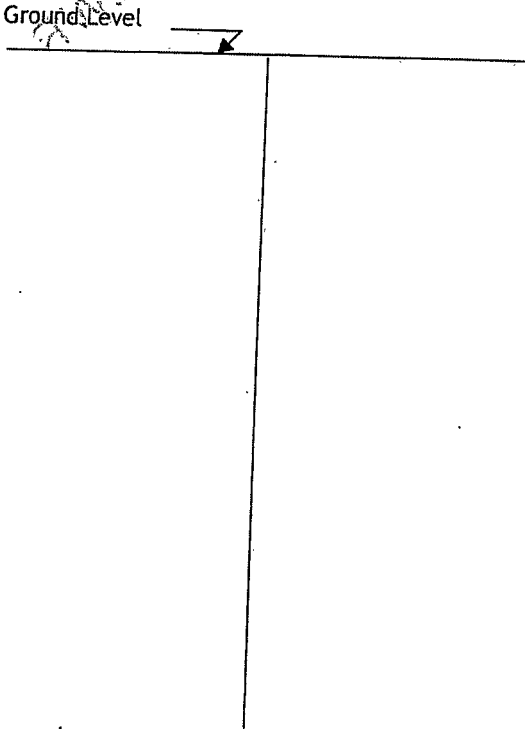
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

County: Lincoln  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 6581

*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)
red sandy clay	Ground level	10
sand	10	40
sand + gravel	40	200
<del>sand</del> clay	200	220
<del>clay</del> sand	220	240
clay	240	350
sand	350	380
blue clay	380	400
clay + sand strips	420	480
clay	480	520
clay + fine sand	520	580
clay	580	825
sand + clay	825	840
sand	840	920
clay + sand strips	920	1135
fine sand	1135	1170
clay	1170	1225

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: Lincoln Rural 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      6-11-18      John W Thompson  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee