

# 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)

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: John Thompson  
Date drilling completed: 11/07/2021

**For Office Use Only:**  
Well #: G589  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_



*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>City of Brookhaven</u>	Latitude: <u>31.5877930</u> Longitude: <u>90.4582340</u>
Mailing Address: <u>P.O. Box 560</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Brookhaven</u> <u>Mississippi</u> <u>39602-0560</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>12</u> T <u>7n</u> R <u>7e</u>
City State Zip Code	<u>0</u> Miles of <u>Brookhaven</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 09/10/2021 Date drilling completed: 11/07/2021 Hole depth: 1250 Hole diameter: 11

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): No 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): Test well (this was test well for GW-17581)

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

Static Water Level: 419 feet [ above or  below ] land surface Date measured: 11/07/2021  
(check one)

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

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

Casing length: 1135 feet Casing diameter: 6 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 4 inches Type of screen: Pipe base stainless

Screen slot size: .012=1135-1165, .016 inches Setting depth: From 1135 feet to 1185 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 1135 feet

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

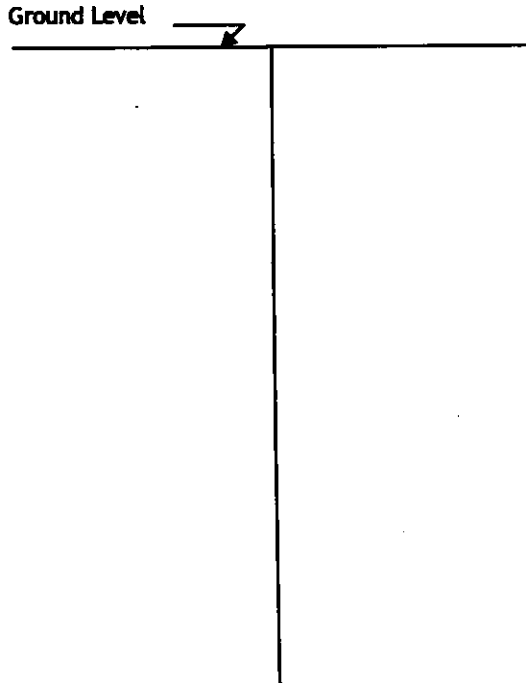
**RECEIVED**  
 11-17-2021  
**BY OLWR**

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

**For Office Use Only:**  
**G589**  
 Well #: \_\_\_\_\_

*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)
Sandy clay	Ground level	160
Clay	160	250
Sand	250	280
Clay	280	330
Sand	330	380
Clay	380	580
Sandy clay	580	680
Clay	680	720
Sandy clay	720	820
Sand	820	900
Clay	900	1060
Sandy clay	1060	1130
Sand	1130	1150
Sandy clay	1150	1165
Sand	1165	1180
Clay	1180	1250

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: City of Brookhaven

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 Thompson 0-679

11/11/2021



John 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: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 11-9-21  
**Copy information from block on Part 1**

**For Office Use Only:**

Well #: G589  
 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>City of Brookhaven</u>	Latitude: <u>N 31.5877930</u> Longitude: <u>W 90.4582340</u>
Mailing Address: <u>P.O. Box 560</u> <u>Brookhaven, MS 39602-0560</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>12</u> T <u>7N</u> R <u>7E</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 11-2-21 Rated Pump Capacity: 150 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: 30 Setting Depth: 600 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-8-21 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 419 Feet Below Land Surface Pumping Water Level (B): 523 Feet Below Land Surface

Drawdown [(B) - (A)]: 103 Feet Below Land Surface Test Pumping Rate: 100 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.

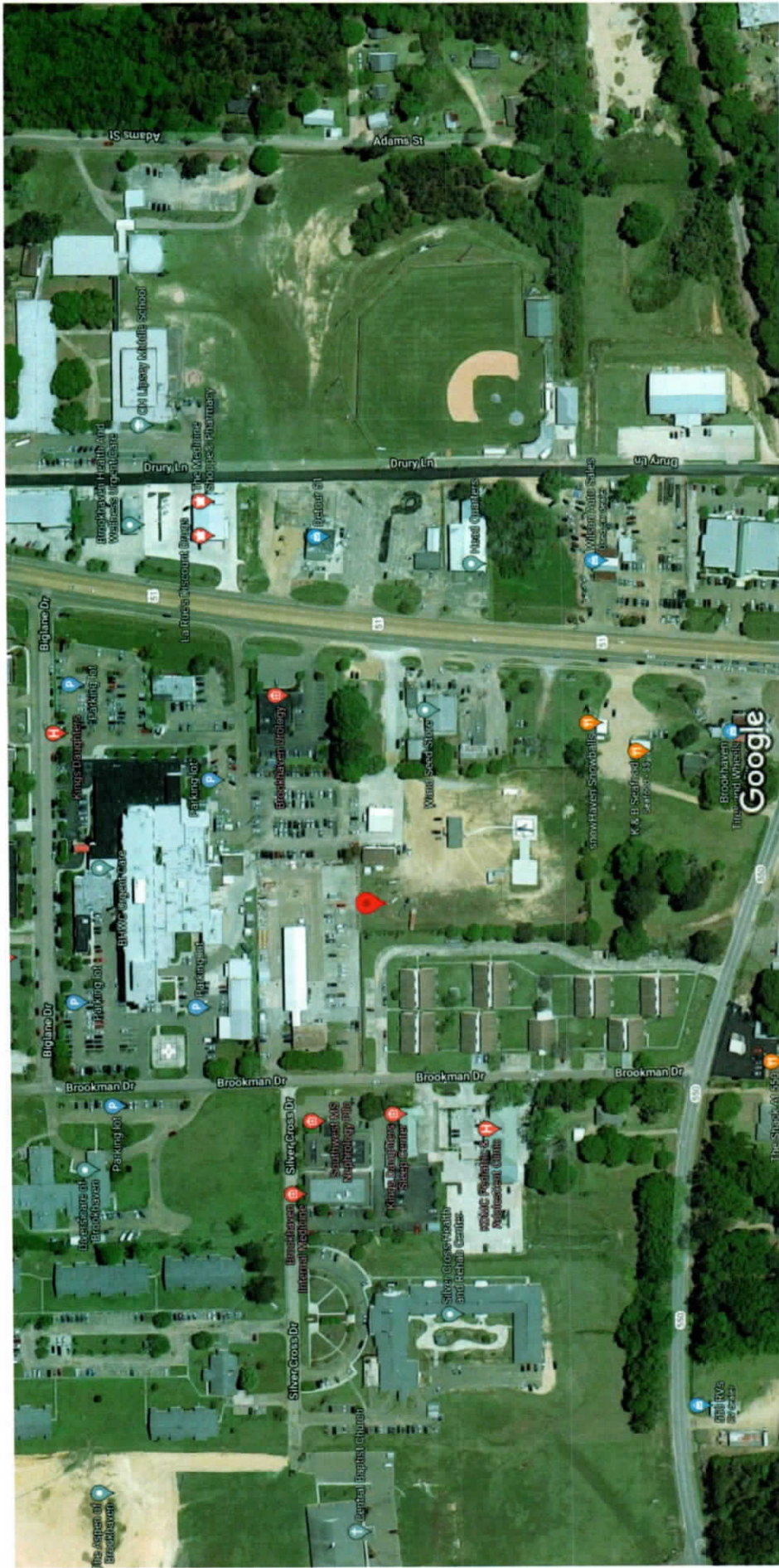
John W Thompson 0-679 11-11-21 John W Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
11-17-2021  
BY OLWR

11/11/21, 8:50 AM

31°35'16.1"N 90°27'29.6"W - Google Maps

Google Maps 31°35'16.1"N 90°27'29.6"W



100 ft

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