

1257

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 #: K117
Aquifer: _____
E-Log #: _____

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02-07-2022

BY OLWR

County: Marion
Permit #: MS-6W-17415
Driller: John Thompson
Date drilling completed: 10-27-21

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>West Marion Water Assoc.</u>			Latitude: <u>N 31° 12' 9.2"</u> Longitude: <u>89° 53' 27.9"</u>		
Mailing Address: <u>1410 New Hope Church rd</u> <u>Foxworth, MS 39483</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____ State _____ Zip Code _____			<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>28</u> T <u>3N</u> R <u>13E</u>		
Telephone No. (____) _____			<u>3</u> Miles <u>SW</u> of <u>Foxworth</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data	
Date drilling started: <u>7-20-21</u>	Date drilling completed: <u>10-28-21</u> Hole depth: <u>1360</u> Hole diameter: <u>17.5"</u>
Location of the source of any surface water used for drilling: <u>Hydrant</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): <u>Teaco</u>	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input 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 checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>256</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>7-20-21</u> (check one)	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>1217</u> Well grouted to a depth of: <u>1160</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>1160</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>52</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>6x8 munipac</u>	
Screen slot size: <u>.016</u> inches Setting depth: From <u>1165</u> feet to <u>1217</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>	

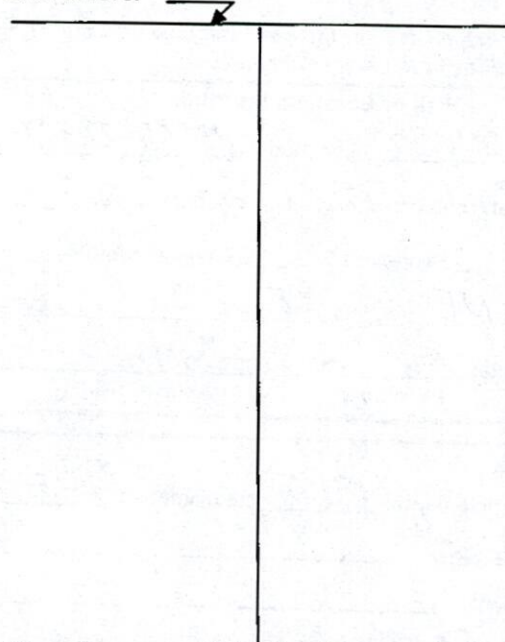
County: _____
 Permit #: _____

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 Well #: K117

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)
Sandy red clay	Ground level	60
sand + gravel	60	280
clay	280	340
sand + gravel	340	500
clay	500	710
sand + pea gravel	710	840
clay	840	1010
clay + sand stringers	1010	1160
sand	1160	1215
clay + sand	1215	1360

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: West Marion 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 11-19-21 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

K117 Marion



Thompson Brothers Drilling

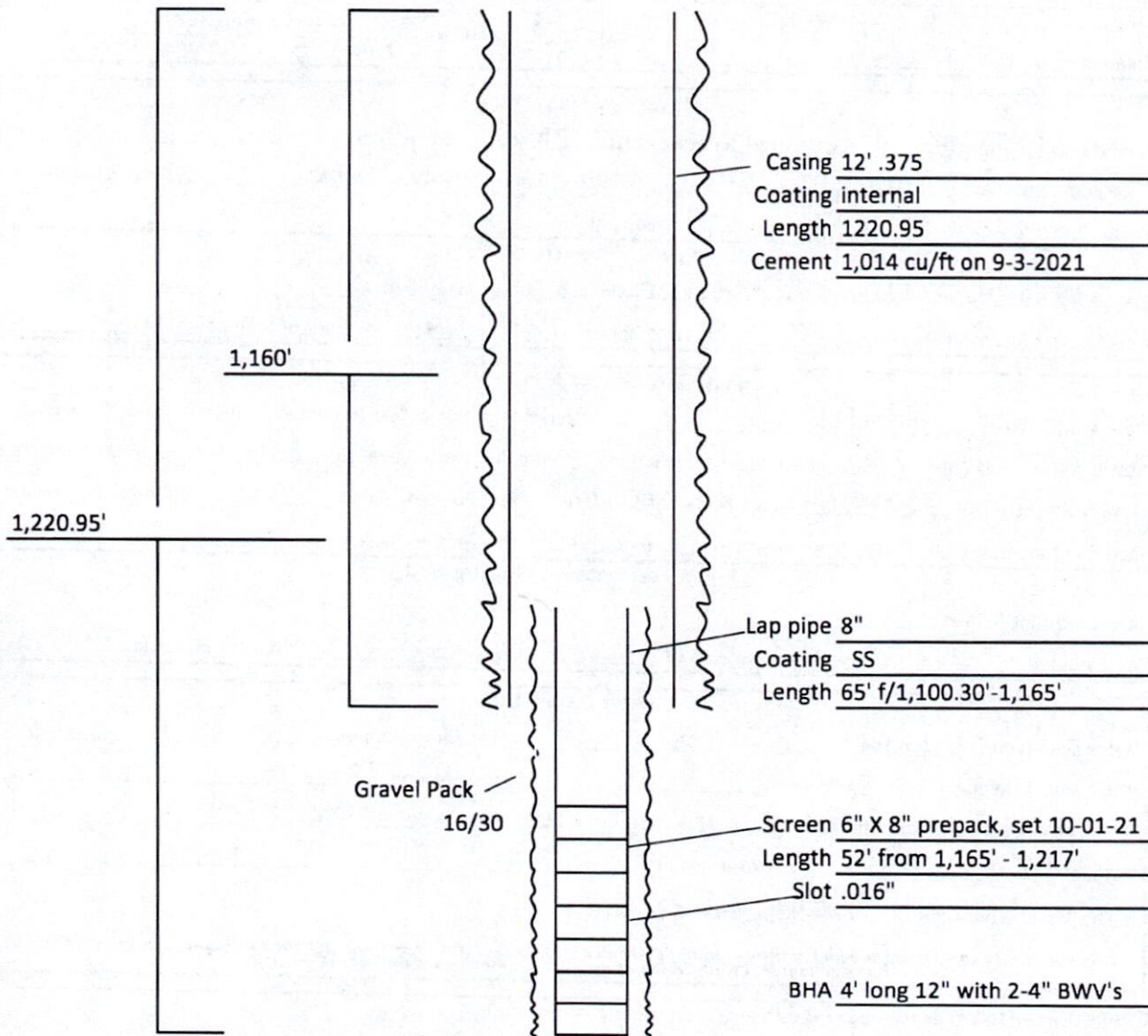
"Our Most Important Asset Wears a Hardhat"

3420 Ellisville Blvd, Laurel MS 39443 601-425-0970

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Water Well Dimensions

Well Name #3
Owner West Marion Water Assoc.



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: Marion
 Permit #: _____
 Driller: John W Thompson
 Date completed: 1-31-22
Copy information from block on Part 1

For Office Use Only:

Well #: K117
 Aquifer: _____

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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>West Marion Water Assoc</u>	Latitude: <u>N31°12'9.2"</u> Longitude: <u>89°53'27.9"</u>
Mailing Address: <u>1410 New Hope Church rd</u> <u>Foxworth MS 39483</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>28</u> T <u>3N</u> R <u>13E</u>
Telephone No. (____) _____	<u>3</u> Miles <u>SW</u> of <u>Foxworth</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: January 26, 2022 Rated Pump Capacity: 400 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: 75 Setting Depth: 360' feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 10/21/21 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 256 Feet Below Land Surface Pumping Water Level (B): 320 Feet Below Land Surface

Drawdown [(B) - (A)]: 320 - 64 Feet Below Land Surface Test Pumping Rate: 400 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: Water Specialties Meter Serial Number: _____

Meter Model Number/Name: M204 Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000

Installation Date: 1-20-22 Meter installed by: TBDI

Is This Meter (check one): New Repaired Replacement

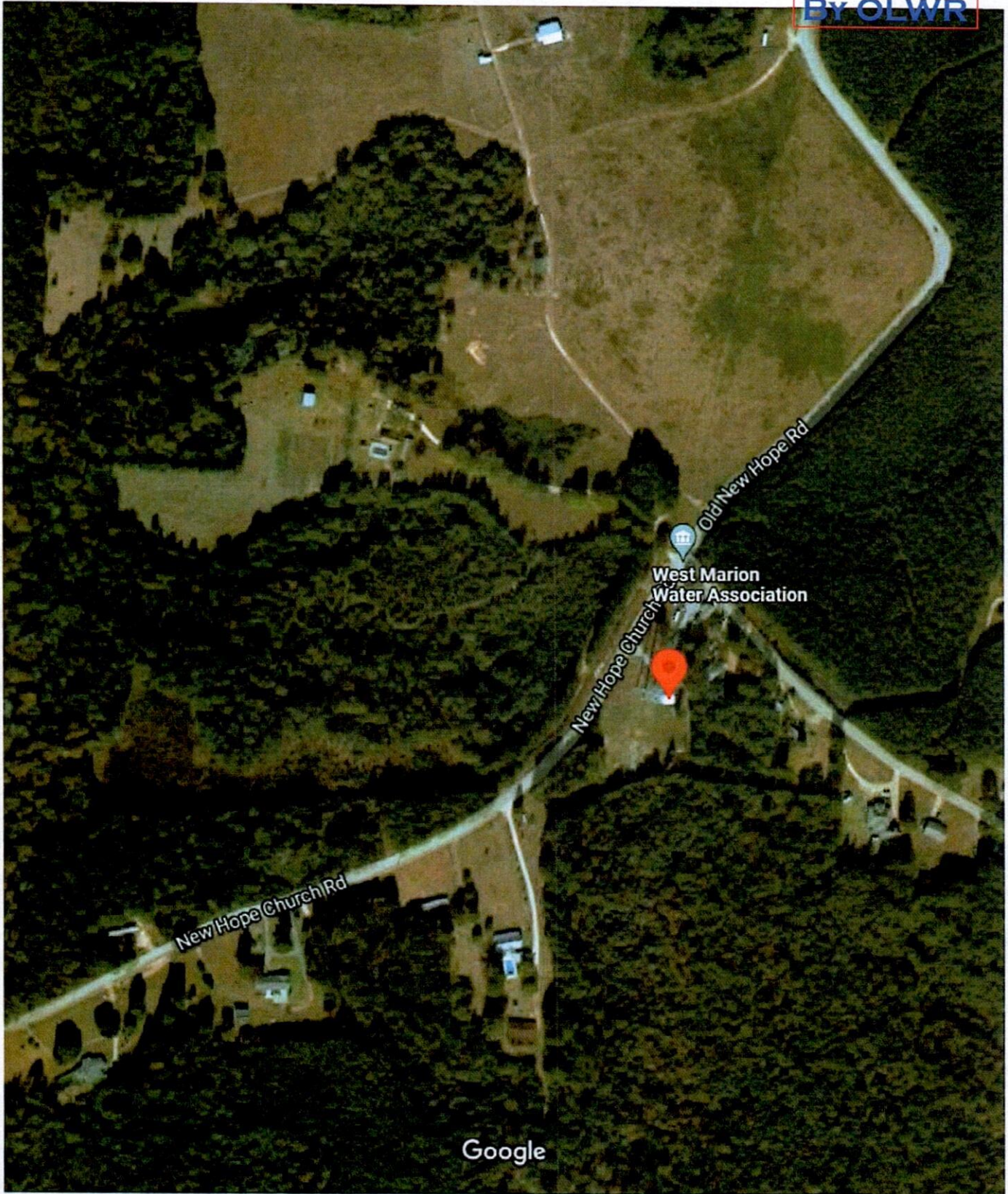
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679 2-4-22 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Google Maps 31°12'09.2"N 89°53'27.9"W

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New PIO



West Marion
Water Association



Church Rd
New Hope Church Rd
New Hope Church Rd
New Hope Church Rd
Old New Hope Rd
Old New Hope Rd
Stinger Bullock Rd

Google

Map data ©2022 200 ft