

# 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 #: C9  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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*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>North District 7 Water Assoc.</u>	Latitude: <u>33° 33' 57"</u> Longitude: <u>89° 44' 42"</u>
Mailing Address: <u>401 Summit St</u> <u>Winona, MS 38967</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>SW</u> ¼, Sec. <u>26</u> T <u>20N</u> R <u>5E</u>
Telephone No. (____) _____	<u>5</u> Miles <u>N</u> of <u>Winona</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12-19-19</u> Date drilling completed: <u>1-30-2020</u> Hole depth: <u>1020</u> Hole diameter: <u>15.75"</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 checked="" type="checkbox"/> log run <input 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>MDEQ logged the test hole for this production well in 2018</u>
Purpose of borehole (check one): 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>242</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>1-30-2020</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>1014</u> Well grouted to a depth of: <u>955</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>955</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>Steel</u>
Screen length: <u>55</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>46 municipal</u>
Screen slot size: <u>.016</u> inches Setting depth: From <u>960</u> feet to <u>1014</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: <u>910</u> feet
<i>If telescoped or more than one screen, describe on next page</i>



# 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 #: C9  
 Aquifer: \_\_\_\_\_

County: Montgomery  
 Permit #: MS-GW-17465  
 Driller: John W Thompson  
 Date completed: 3-30-2020  
*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>N. District 1 Water Assoc.</u>			Latitude: <u>33° 33' 57"</u> Longitude: <u>89° 44' 42"</u>	
Mailing Address: <u>401 Summit St</u> <u>Winona MS 38967</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>26</u> T <u>20N</u> R <u>5E</u>	
Telephone No. (____)			<u>5</u> Miles <u>N</u> of <u>Winona</u> (Distance) (Direction) (Nearest Town)	

**Pump Type (check one)**

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

Date Pump Installed: 3-29-20 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: 25 Setting Depth: 330 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-30-20 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 243 Feet Below Land Surface Pumping Water Level (B): 286 Feet Below Land Surface

Drawdown [(B) - (A)]: 43 Feet Below Land Surface Test Pumping Rate: 150 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: \_\_\_\_\_

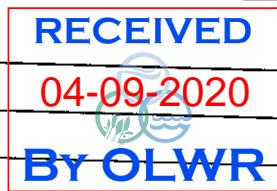
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

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 4-7-20 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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MS-GW-17465

C9

Montgomery county

W. none

15 3/4" hole  
to 505

Screens 21.35

21.35

11.85

lap 21.00

21.00

8.00

10 3/4" casing set

20755 set 1-11-2000

Cement to

Surface

1-17-2020

6" lap pipe

f/960-910 (50)

4" x 6" 1016 multi pipe

Set 1-24-2000 f/960-1014.5 (54.51)

4 1/2" stringer

f/1014.5-1019

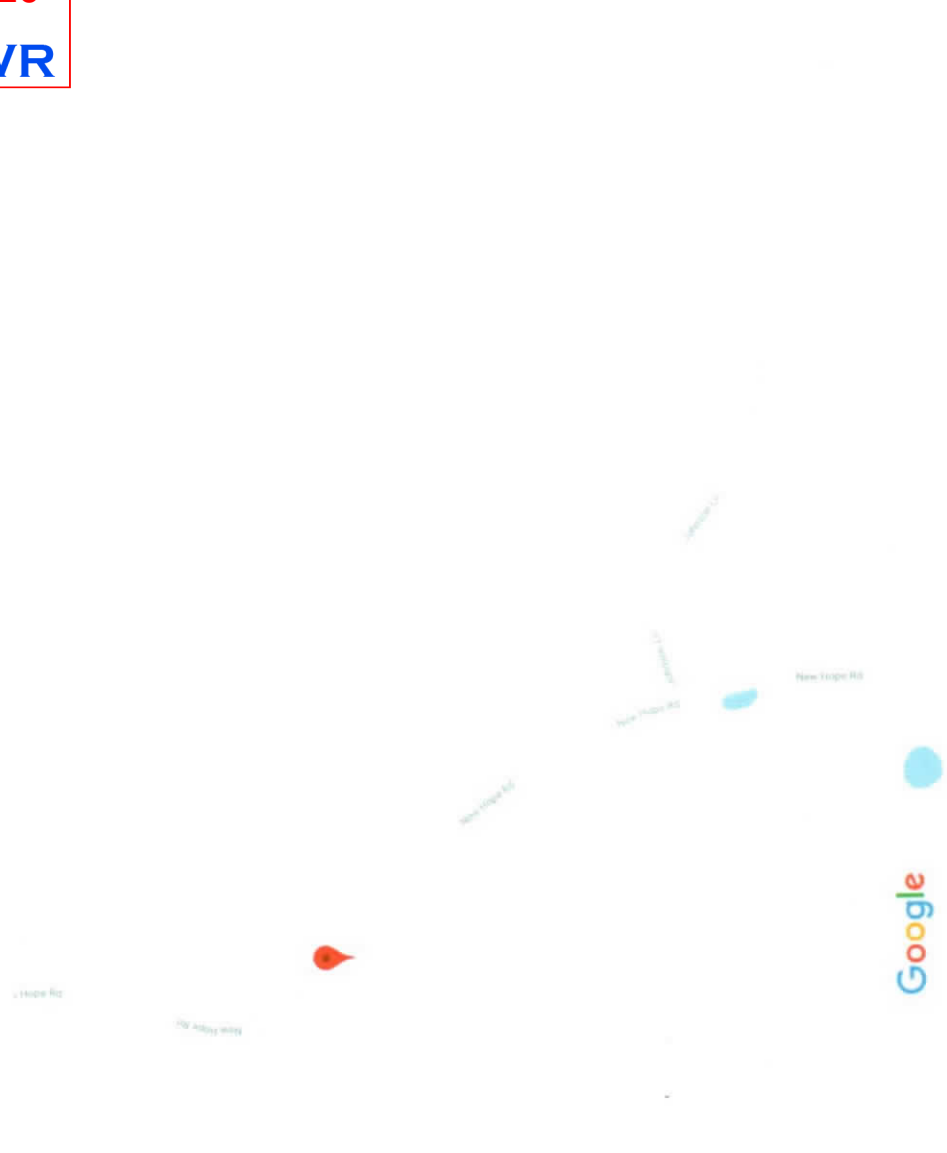
16-30 set

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33°33'57.0"N 89°44'42.0"W - Google Maps

Google Maps 33°33'57.0"N 89°44'42.0"W

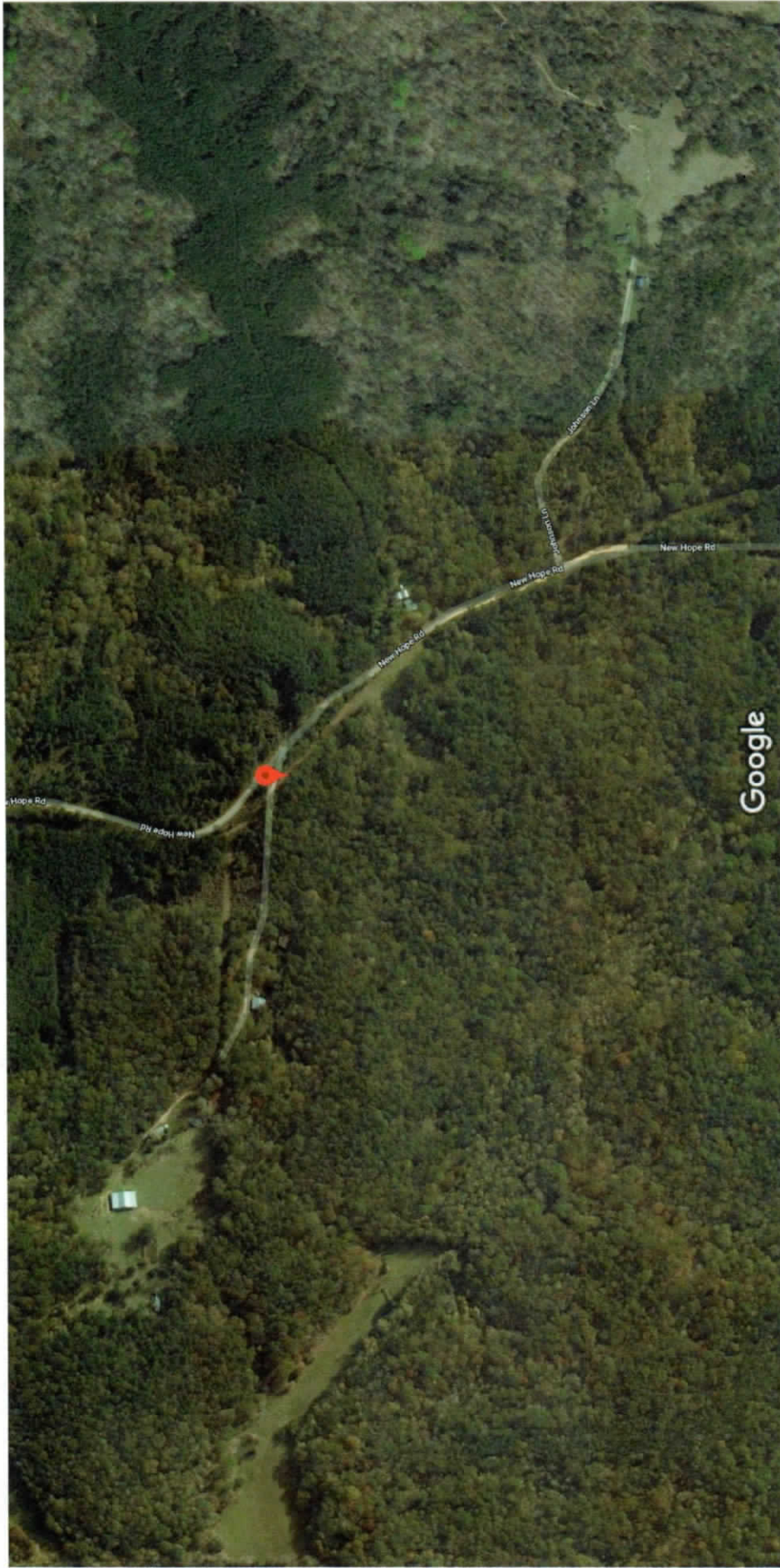
1/31/2020



Map data ©2020 200 ft



Google Maps 33°33'57.0"N 89°44'42.0"W



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