

# 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 #: H0072  
Aquifer: MUX  
E-Log #: \_\_\_\_\_

County: Neshoba  
Permit #: GW-17383 (exempt)  
Driller: John W Thompson  
Date drilling completed: 12-16-16

0500610-04

*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>MS Band of Choctaw Indians</u>	Latitude: <u>32 49 57.1</u> Longitude: <u>88° 56' 01.6"</u>
Mailing Address: <u>100 Utility Circle</u> <u>Choctaw MS 39350</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>2</u> T <u>11N</u> R <u>13E</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Bayou Chitto</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>10-24-16</u>	Date drilling completed: <u>12-16-16</u> Hole depth: <u>405</u> Hole diameter: <u>17 3/4</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 (circle all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>MDEQ</u>	
Purpose of borehole (circle 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 <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	

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**BY OLWR**

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <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>132.5</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>12-16-16</u> <small>(circle one)</small>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____	
Well depth: <u>370</u> Well grouted to a depth of: <u>317</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>317</u> feet	Casing diameter: <u>12</u> inches Type of casing: <u>Steele</u>
Screen length: <u>50</u> feet	Screen diameter: <u>8</u> inches Type of screen: <u>8" Johnson Mini Pak</u>
Screen slot size: <u>0.016</u> inches	Setting depth: From <u>320</u> feet to <u>370</u> feet
Type of completion (circle 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>260</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 #: H0072  
 Aquifer: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 12-16-16  
*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>MS Band of Choctaw Indians</u>			Latitude: <u>32° 49' 57.1"</u> Longitude: <u>88° 56' 01.6"</u>	
Mailing Address: <u>100 Utility Circle</u> <u>Choctaw MS 39350</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>2</u> T. <u>11 N</u> R. <u>13 E</u>	
Telephone No. (____) _____			_____ Miles _____ of <u>Bogue Chitto</u> (Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**

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

Date Pump Installed: 1-25-17 Rated Pump Capacity: 300 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 30 Setting Depth: 200 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-16-16 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 132.5 Feet Below Land Surface Pumping Water Level (B): 154 Feet Below Land Surface

Drawdown [(B) - (A)]: 21.5 Feet Below Land Surface Test Pumping Rate: 300 Gallons Per Minute

Method of measurement (circle 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: ABB Meter Serial Number: 3K626000216086

Meter Model Number/Name: FGW325150ARS Type of Meter: Magnetic

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

Installation Date: 2-6-17 Meter installed by: Thompson Brothers Drilling

Is This Meter (circle one):  New  Repaired  Replacement

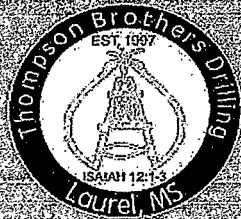
**Important:** By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

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

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H 72



# Thompson Brothers Drilling

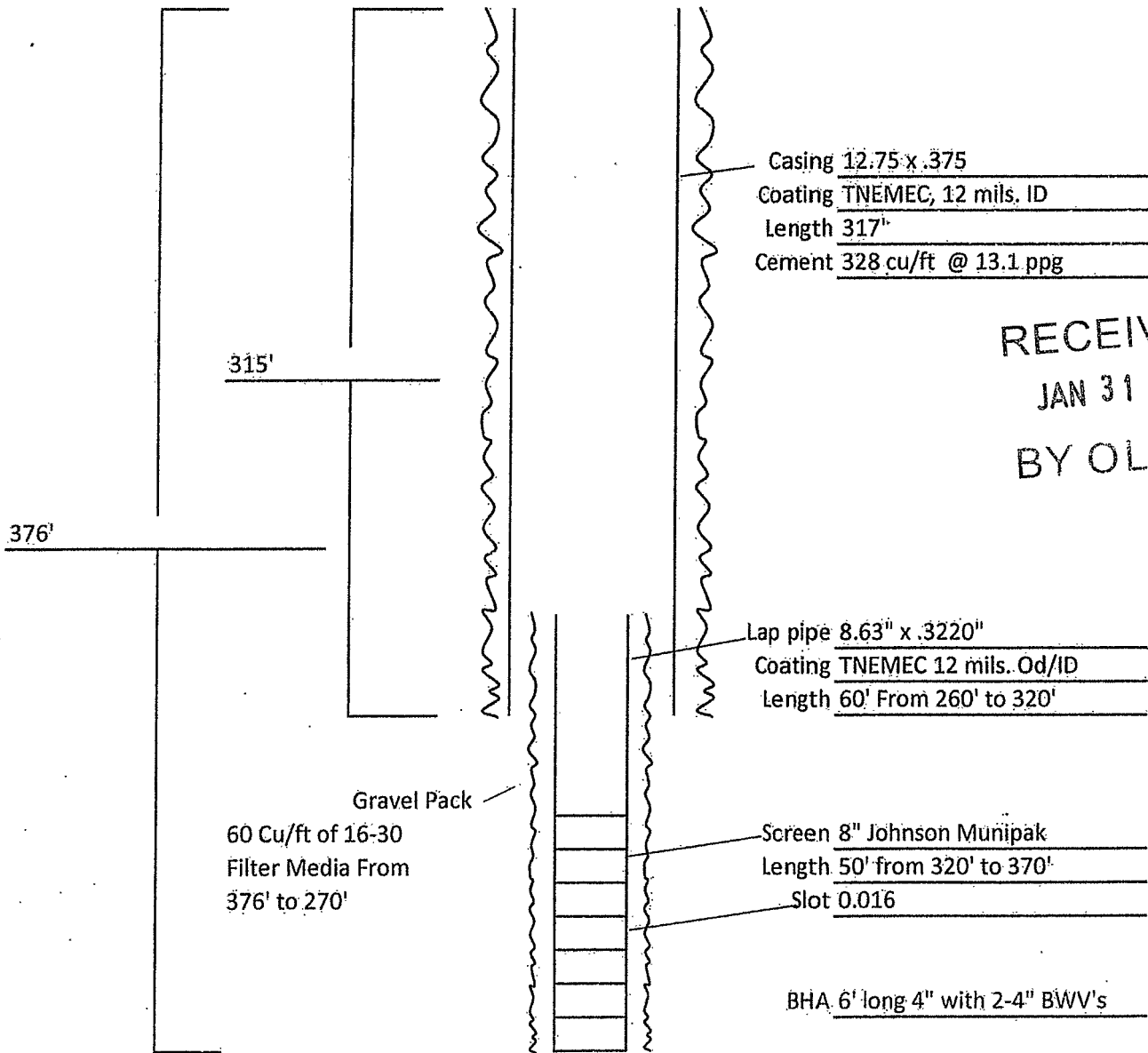
*"Our Most Important Asset Wears a Hardhat"*

5410 Highway 11 North \* Ellisville, MS 39459 \* 601-425-0970

## Water Well Dimensions

Well Name MBCI 300 GPM

Owner MBCI



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(NOXAPATER)



OWL CREEK QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES

(PRESTON)

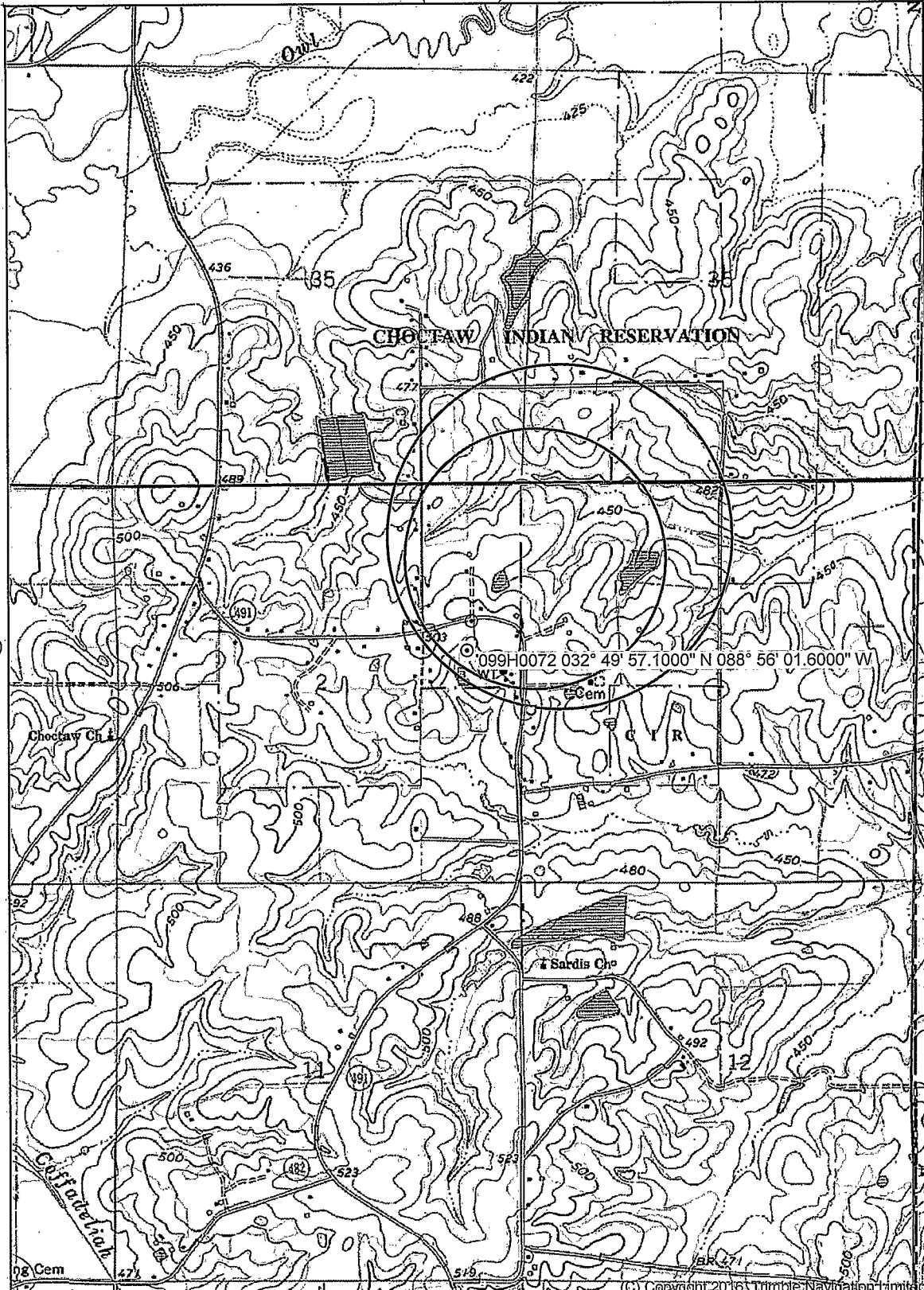
088° 57' 11.7540" W  
032° 51' 20.6274" N

(VERNON)

088° 54' 50.9435" W  
032° 51' 20.6274" N

(PHILADELPHIA)

(LYNVILLE)



(HOUSE)

SCALE 1:24000

(DEEMER)

(MOSCOW)

Produced by Trimble Terrain Navigator Pro  
Topography based on USGS 1:24,000  
Maps

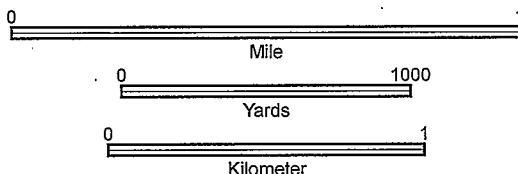
North American 1983 Datum (NAD83)

To place on the predicted North American  
1927 move the projection lines 15M N and  
5M W

Declination



GN 1.04° W  
MN 1.78° W



CONTOUR INTERVAL 10 FT

32088-G8-TM-024  
OWL CREEK, MS  
JAN 1, 1982

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Printed: Fri Oct 06, 2017

032° 48' 33.0249" N  
088° 54' 50.9435" W