

1247

# STATE WELL REPORT

456

County: Newton  
 Permit #: MS-6W-17478  
 Driller: John W Thompson  
 Date drilling completed: 9-25-2020

**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 #: B46  
 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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Town of Union</u> Mailing Address: <u>404 Bank St</u> <u>Union, MS 39365</u> City _____ State _____ Zip Code _____ Telephone No. (____) _____	<b>Well or Borehole Location</b> Latitude: <u>32° 34' 6.33"</u> Longitude: <u>89° 7' 14.23"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE</u> ¼ <u>NE</u> ¼, Sec <u>1</u> T <u>8N</u> R <u>11E</u> <u>0</u> Miles _____ of <u>Union</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**  
 Date drilling started: 6-20-2020 Date drilling completed: 9-25-2020 Hole depth: 270 Hole diameter: 25  
 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):  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): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 140 feet  above or  below land surface Date measured: 9-25-2020  
 (check one)  
 Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 252 Well grouted to a depth of: 190 feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
 Casing length: 190 feet Casing diameter: 20 inches Type of casing: Steel  
 Screen length: 52 feet Screen diameter: 16 inches Type of screen: Stainless wrap rock base  
 Screen slot size: .025 inches Setting depth: From 200 feet to 252 feet  
 Type of completion (check 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*

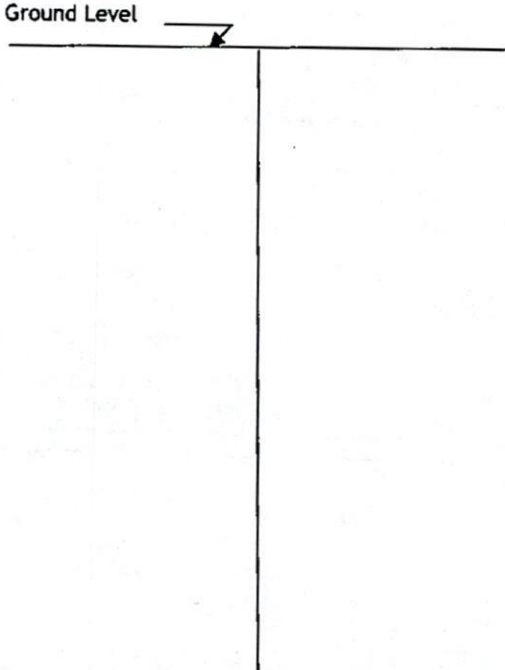
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County: Newton  
Permit #: \_\_\_\_\_

**For Office Use Only:**  
Well #: B46

**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) Ground level	To (depth)
clay		140
sand	140	250
clay	250	270

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

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Landowner Name: Town of Union

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 10-21-2020 John W 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: Newton  
 Permit #: MS-6W-17478  
 Driller: John W. Thompson  
 Date completed: 12-5-20  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: B 46  
 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>Town of Union</u>	Latitude: <u>32° 34' 6.33"</u> Longitude: <u>89° 7' 14.23"</u>
Mailing Address: <u>404 Bank St</u> <u>Union MS 39365</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>BE</u> ¼ <u>WE</u> ¼, Sec <u>1</u> T <u>8N</u> R <u>11E</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Union</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 12-5-20 Rated Pump Capacity: 600 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: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-1-20 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 136 Feet Below Land Surface Pumping Water Level (B): 194 Feet Below Land Surface

Drawdown [(B) - (A)]: 58 Feet Below Land Surface Test Pumping Rate: 609 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.

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

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Union MS

SWL 40'

20' .375 internally coated  
set e 190 cement 9-1-20

Gravel packed 10-20

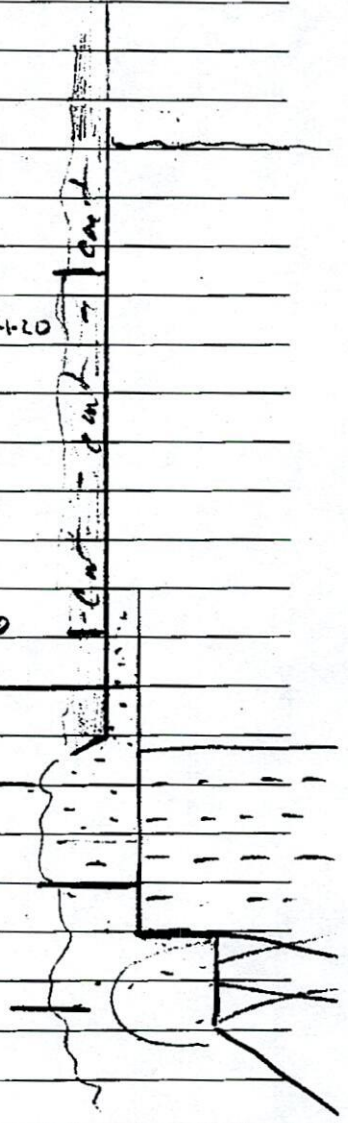
16" ss 1/4" f/ 136-200

2 3/4" underdrain

50' of 16" .025" slot screen f/ 200-252  
Set 8-13-20

6 Stinger f/ 252 - 255

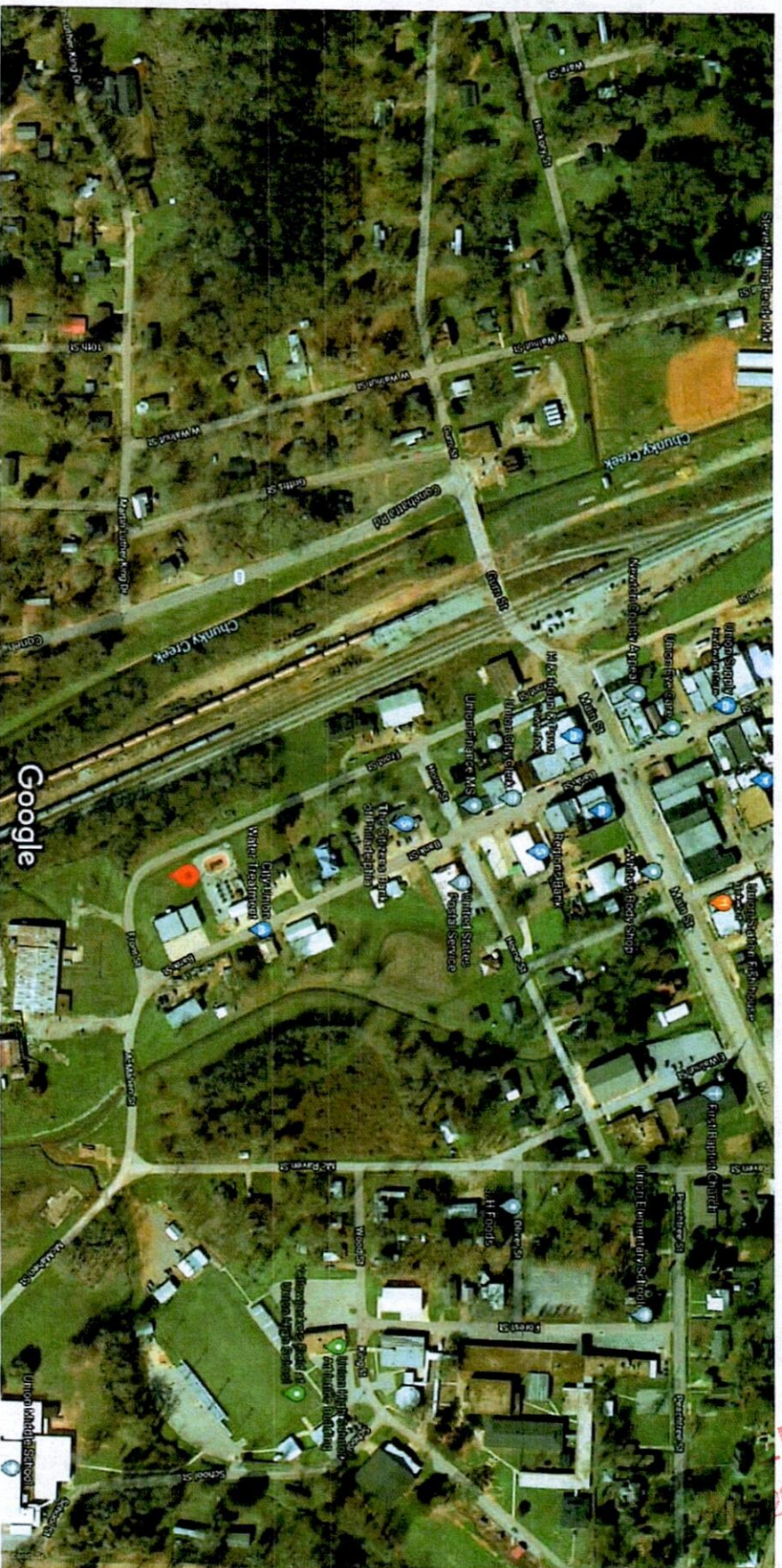
1 1/2" centralizer on stinger



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Google Maps 32°34'06.9"N 89°07'14.6"W



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