

# 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 #: R103  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Parola  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: ~~5-10-20~~ 6/10/20

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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>Cooperative Energy</u>	Latitude: <u>34°20' 02"</u> Longitude: <u>89°55' 26"</u>
Mailing Address: <u>P.O. Box 15849</u> <u>Hattiesburg MS 39402</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>3</u> T <u>9S</u> R <u>7W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>N</u> of <u>Batesville</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-18-20 Date drilling completed: 6-10-20 Hole depth: 485 Hole diameter: 8

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): Test Well

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

Static Water Level: 10' feet  above or  below land surface Date measured: 6-9-2020  
(check one)

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

Well depth: 425 Well grouted to a depth of: 20 + 30' at bottom feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 330 feet Casing diameter: 6 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Stainless rod bars

Screen slot size: 0.016 inches Setting depth: From 385 feet to 425 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development  
Other (describe): K-Packer

Top of lap pipe or reduction in casing: 303 feet

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

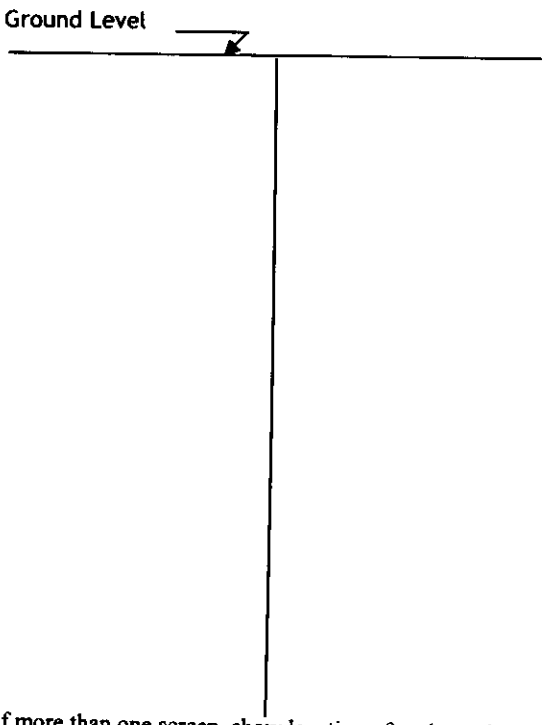
County: Panola  
 Permit #: \_\_\_\_\_



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 Well #: R103

**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)
<u>brown clay / sand</u>	<u>Ground level</u>	<u>20</u>
<u>sand / lignite</u>	<u>20</u>	<u>60</u>
<u>sand / clay</u>	<u>60</u>	<u>115</u>
<u>rock</u>	<u>115</u>	<u>116</u>
<u>clay / sand</u>	<u>116</u>	<u>220</u>
<u>clay</u>	<u>220</u>	<u>240</u>
<u>sand / clay</u>	<u>240</u>	<u>280</u>
<u>sand, lignite + clay</u>	<u>280</u>	<u>360</u>
<u>sand</u>	<u>360</u>	<u>440</u>
<u>sand + clay</u>	<u>440</u>	<u>485</u>

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: Cooperative Energy

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 5-10-20  
 Print Name of Responsible Licensee and License No. Date

*[Handwritten Signature]*  
 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)

#### For Office Use Only:

Well #: R103

Aquifer: \_\_\_\_\_

County: Itawamba  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: ~~5-10-20~~ 6/10/2020  
*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>Cooperative Energy</u>	Latitude: <u>34° 20' 02"</u>	Longitude: <u>89° 55' 26"</u>			
Mailing Address: <u>P.O. Box 158499</u>	Method of Lat/Long (check one): Conventional Survey _____				
<u>Hattiesburg, MS 39402</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____				
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec <u>3</u> T <u>9S</u> R <u>7W</u>				
Telephone No. (____) _____	<u>1</u> Miles <u>N</u> of <u>Batesville</u>				
	(Distance)	(Direction)	(Nearest Town)		

**Pump Type (check one)**  
Submersible:  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: ~~5-4-2020~~ 6/10/2020 Rated Pump Capacity: 320 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: 100 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 6-10-20 Duration of Pump Test (minimum 4 hours): 24 hours  
Static Water Level (A): +10 Feet <sup>above</sup> ~~below~~ Land Surface Pumping Water Level (B): 46 Feet Below Land Surface  
Drawdown [(B) - (A)]: 56 Feet Below Land Surface Test Pumping Rate: 300 Gallons Per Minute  
Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

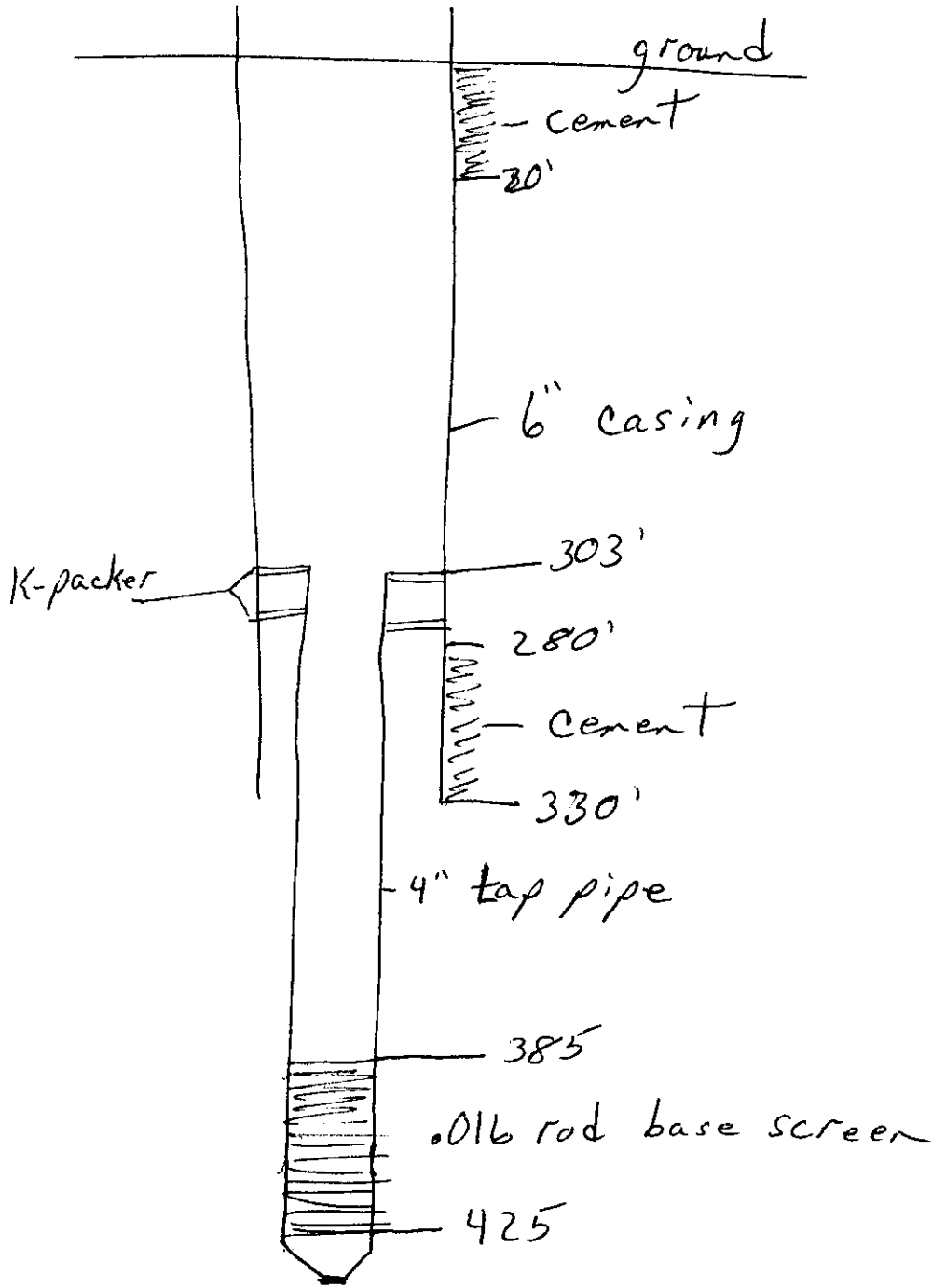
**Pump Test Data for Flowing Well**  
Measured shut in head: 10 feet.  
Well yielded ~~300~~ GPM with a drawdown of 56 feet after 24 hours of pumping

**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

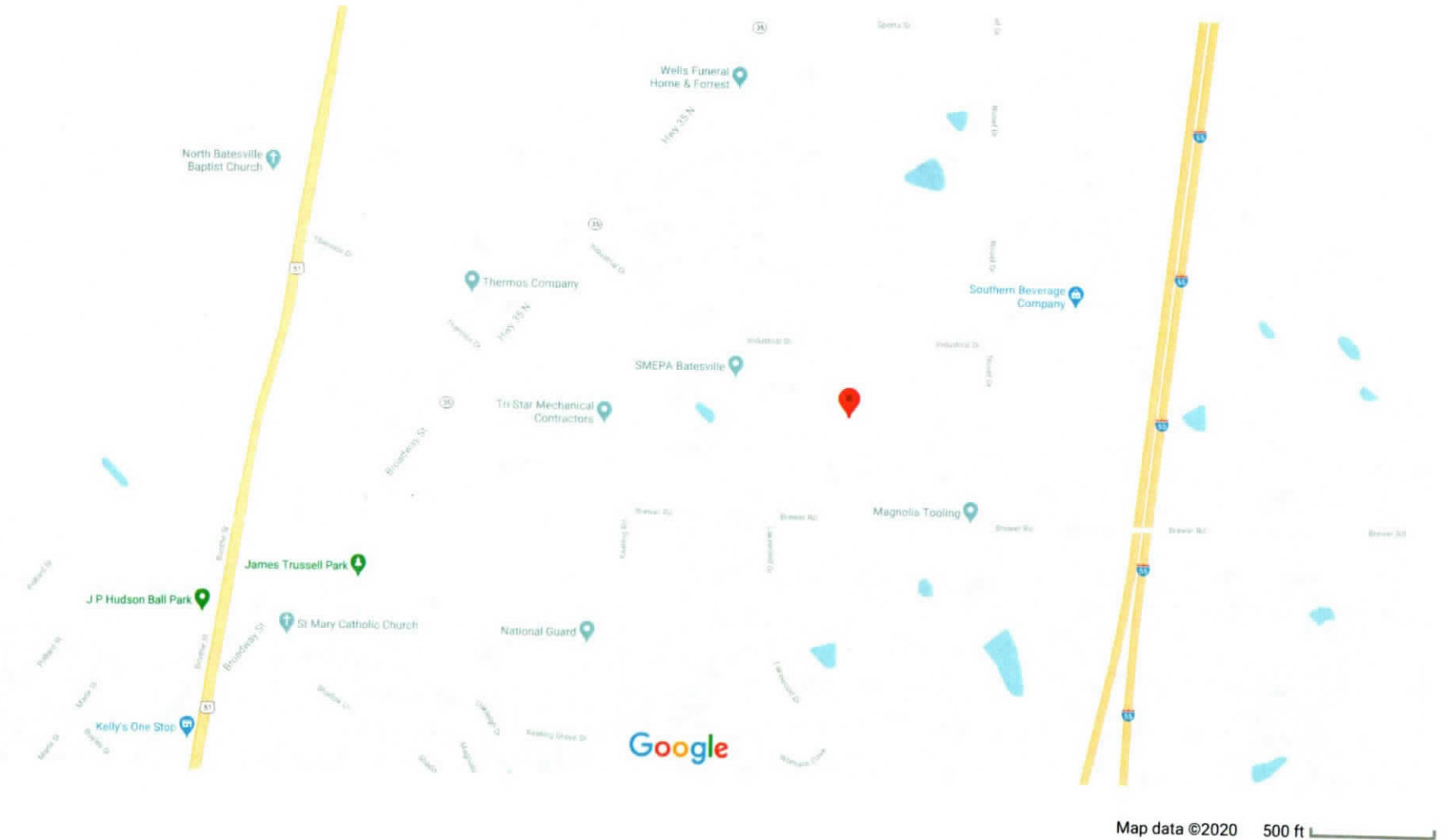
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0679 6-15-20 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Google Maps 34°20'02.9"N 89°55'27.4"W



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