

1241

# 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 #: H0252  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Pike  
 Permit #: GW-17426  
 Driller: John W Thompson  
 Date drilling completed: 5-8-2020

**RECEIVED**  
**06-10-2020**  
**BY OLWR**

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>Magnolia Rural Water Assoc.</u>	Latitude: <u>31° 9' 24.45"</u> Longitude: <u>90° 21' 34"</u>
Mailing Address: <u>265 E. Bay Street</u> <u>Magnolia MS</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>12</u> T <u>2N</u> R <u>8E</u>
Telephone No. (____) _____	<u>6</u> Miles <u>W</u> of <u>Magnolia</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>4-8-20</u>	Date drilling completed: <u>5-8-2020</u> Hole depth: <u>445</u> Hole diameter: <u>21</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 type="checkbox"/> Electric <input checked="" 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> <b>logged test hole which is H248</b>	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" 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>112</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>5-8-2020</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>445</u> Well grouted to a depth of: <u>360</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>360</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>75</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>10x8 manipac</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>370</u> feet to <u>445</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>370</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

County: Pike  
 Permit #: GW-17426

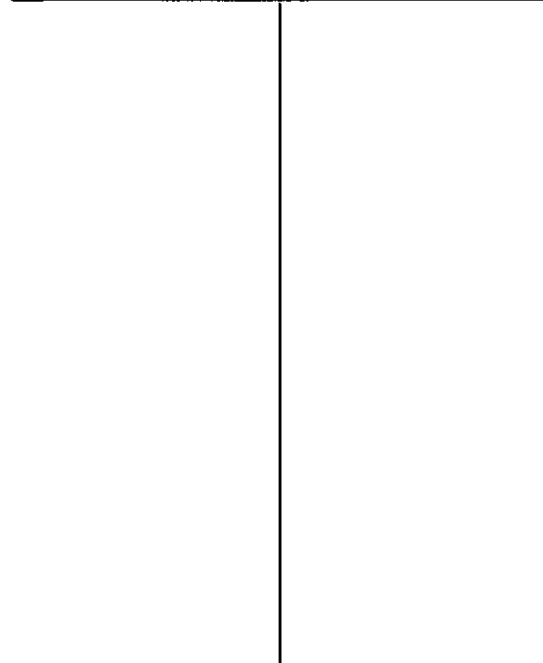


**For Office Use Only:**  
 Well #: H0252

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)
<u>red sandy clay &amp; gravel</u>	<u>Ground level</u>	<u>160</u>
<u>Clay</u>	<u>160</u>	<u>210</u>
<u>blue clay / fine sand</u>	<u>210</u>	<u>310</u>
<u>gravel</u>	<u>310</u>	<u>335</u>
<u>sand</u>	<u>335</u>	<u>445</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: Magnolia Rural Water

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 5-9-2020   
 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: Pike  
 Permit #: GW-17426  
 Driller: John W Thompson  
 Date completed: 10-5-2020  
Copy information from block on Part 1

**For Office Use Only:**

Well #: H0252  
 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>Magnolia Rural Water Assoc.</u>	Latitude: <u>31° 9' 24"</u> Longitude: <u>90° 21' <del>34</del> 32.34</u>
Mailing Address: <u>265 E. Bay St</u> <u>Magnolia MS</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>12</u> T. <u>2N</u> R. <u>8E</u>
Telephone No. (____) _____	<u>6</u> Miles <u>W</u> of <u>Magnolia</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 10-5-2020 Rated Pump Capacity: 500 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: 40 Setting Depth: 200 feet Number of Stages: 5

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-5-2020 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 112 Feet Below Land Surface Pumping Water Level (B): 151 Feet Below Land Surface

Drawdown [(B) - (A)]: 39 Feet Below Land Surface Test Pumping Rate: 503 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 10-9-2020 John Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Change to ...

-21

21

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

11)

12)

13)

14)

15)

16)

17)

18)

19)

20)

21)

22)

23)

24)

25)

26)

27)

28)

29)

16" casing

Shoe	3310
1	4216
2	1152
3	4220
4	4221
5	4220
6	4225
7	4222
8	420

36986

21" hole

35096

Stringer	3.00
Screen	21.46
Screen	21.46
Screen	21.46
Screen	11.44
8x10 screen	1.00
Lap	70.05
Set cap	1.5

75.92

72.55

16" egg e 360'

Total screen/lap 146.37

Bottom screen 469.92' top screen 370'

Top of lap 297.45'

16" casing - cement - 21" hole - 16" egg e 360'

10" egg lap  
 f/370'  
 297.45' CL

070 8x10  
 Screen f/370'  
 = 445.92'

10/20  
 = 500'

(MC COMB NORTH)



HOLMESVILLE QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES

(JAYESS)

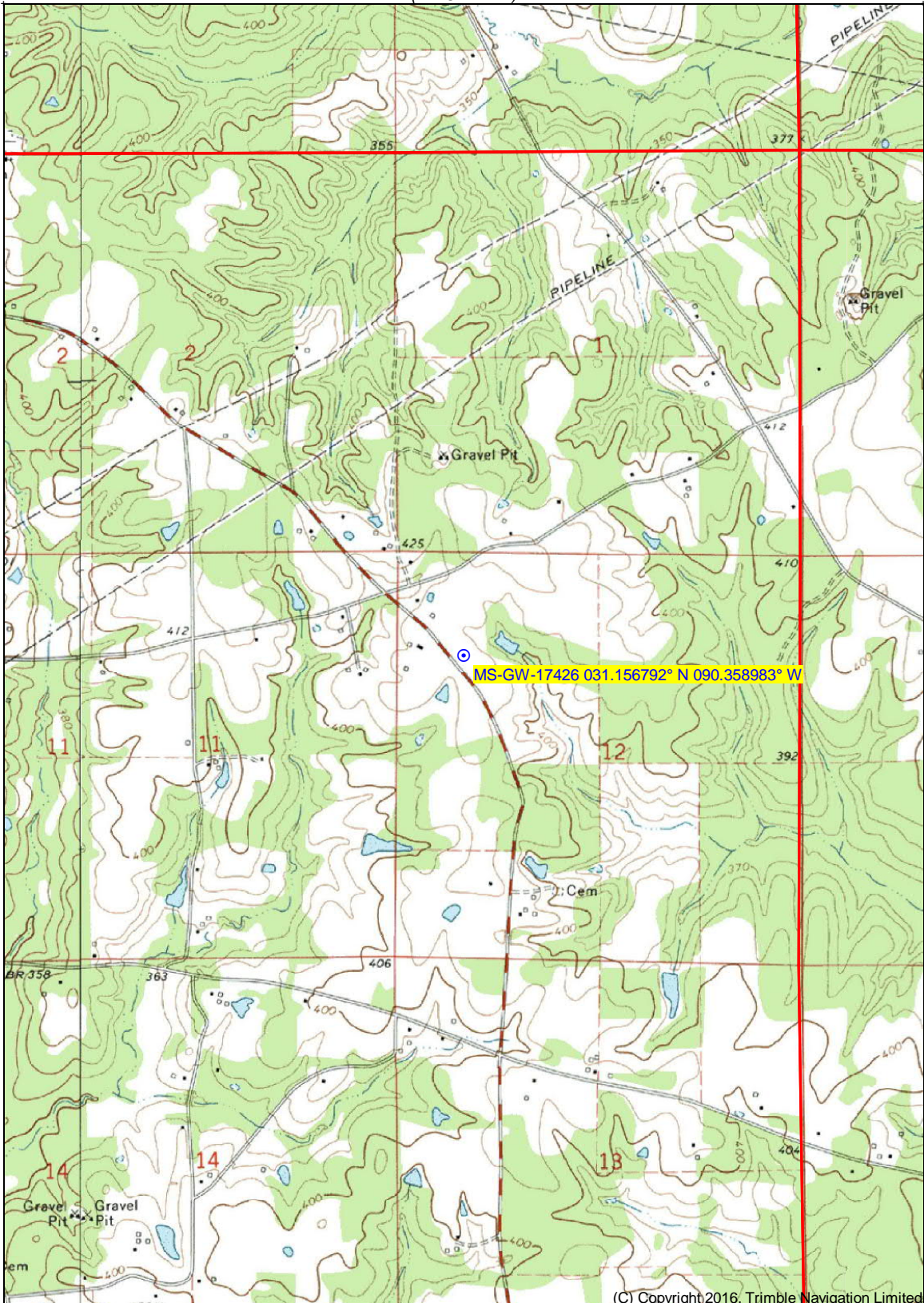
090° 22' 41.5542" W  
031° 10' 48.6589" N

(PRICEDALE)

090° 20' 23.2548" W  
031° 10' 48.6589" N

(MC COMB SOUTH)

(MESA)



MS-GW-17426 031.156792° N 090.358983° W

(C) Copyright 2016, Trimble Navigation Limited

031° 08' 01.0235" N  
090° 22' 41.5542" W

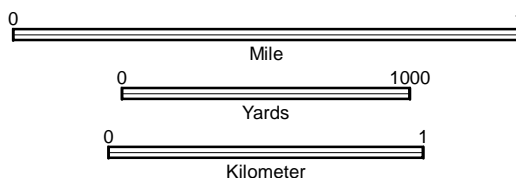
031° 08' 01.0235" N  
090° 20' 23.2548" W

(OSYKA)

Declination



(PROGRESS)  
SCALE 1:24000



CONTOUR INTERVAL 10 FT

(TYLERTOWN)

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 20M N and  
9M W

31090-B3-TM-024  
HOLMESVILLE, MS  
JAN 1, 1972