

# 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 #: D 68  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Pontotoc  
Permit #: MS-GW-17249 ✓  
Driller: Donald Smith Co, Inc  
Date drilling completed: 3/29/16

*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>Oak Hill Water Assoc</u>	Latitude: <u>34 19 46N</u> Longitude: <u>88 55 02W</u>
Mailing Address: <u>289 Reeder Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> _____
<u>Pontotoc</u> <u>MS</u> <u>38863</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4</u> Sec <u>6</u> T <u>9S</u> R <u>4E</u>
Telephone No. (____) _____	<u>8</u> Miles <u>North</u> of <u>Pontotoc</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2/11/16</u> Date drilling completed: <u>3/29/16</u> Hole depth: <u>1038</u> Hole diameter: <u>17 3/4"</u>
Location of the source of any surface water used for drilling: <u>Public Water Supply</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Potable Water Used</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <input 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>MS Office of Geology</u>
Purpose of borehole (circle one): <u>Water Well</u> <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>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <u>Public Supply</u> <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>284'</u> feet [above or <u>(below)</u> land surface Date measured: <u>3/15/16</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <u>Electric tape</u> <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>965</u> Well grouted to a depth of: <u>815</u> feet Type of grout (circle one): <u>Neat Cement</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>815</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Carbon Steel</u>
Screen length: <u>147</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>SS</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>818</u> feet to <u>965</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> <input type="checkbox"/> <u>Underreamed</u> <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>698</u> feet

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

Received

Form: OLWR-SWR-1A (4/13) JUL 14 2016

By OLWR

County: Pontotoc

Permit #: MS-GW-17249

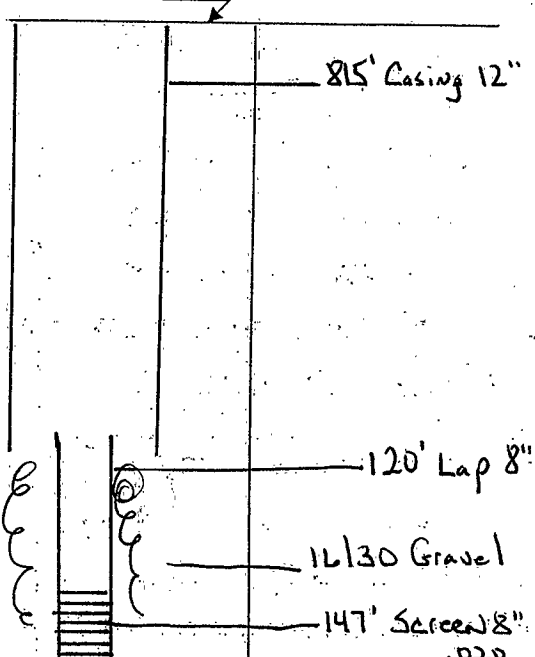
For Office Use Only:

Well #: D68

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



965'  
TD

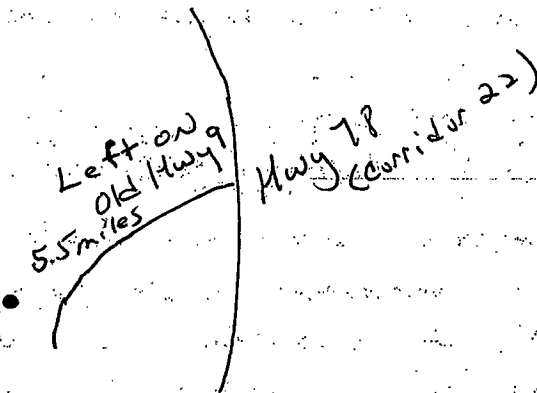
If more than one screen, show location of each on sketch

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)
	Ground level	
Red Sandy Clay	0	25
Blue Clay & Sand Strks	25	183
Rock		183
Blue Shale, Strkd Sand	184	205
Blue Clay	205	250
Gray Shale	250	300
Blue Clay, Strkd Rocks	300	410
Blue Clay	410	460
Rock		460
Blue Shale, Strkd Sand	461	550
Rock		550
Blue Clay, Strkd Sand & Shale	551	627
Blue Clay, Tough	627	635
Blue Clay, Strkd Sand	635	659
Rock		659
Blue Clay	660	737
Strkd Blue Clay, Sand, Shale	737	762
Tight Blue Sand, Some Clay Strks	762	990
Blue & Pink Clay	990	1031
Hard White Rock	1031	1038

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: Oak Hill Water Assoc

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.

Robert Young Jr. UNR-5671 7/12/16  
Print Name of Responsible Licensee and License No. Date

Robert Young Jr.  
Signature of Licensee

# STATE WELL REPORT

Part 2

County: Pontotoc  
 Permit #: MS-GW-17249  
 Driller: Donald Smith Co., Inc  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**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 #: D68  
 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>Oak Hill Water Assoc</u>	Latitude: <u>34 19 46N</u> Longitude: <u>88 55 02 W</u>
Mailing Address: <u>289 Reeder Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pontotoc</u> <u>MS</u> <u>38863</u>	<u>SW 1/4 NE 1/4</u> , Sec <u>6</u> T <u>9 S</u> R <u>4 E</u>
City State Zip Code	<u>8</u> Miles <u>North</u> of <u>Pontotoc</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5/12/16 Rated Pump Capacity: 500 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: 125 Setting Depth: 462 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7/28/16 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 284' Feet Below Land Surface Pumping Water Level (B): 396.58 Feet Below Land Surface

Drawdown [(B) - (A)]: 112.58 Feet Below Land Surface Test Pumping Rate: 524 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: McCrometer Meter Serial Number: 20161102

Meter Model Number/Name: ML040-06 Type of Meter: Mainline Digital

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

Installation Date: 6/23/16 Meter installed by: Donald Smith Company, Inc

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.

Robert Young Jr UNR5671 10/18/16 Robert Young

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

RECEIVED  
 OCT 21 2016  
 BY OLWR

(NEW ALBANY WEST)

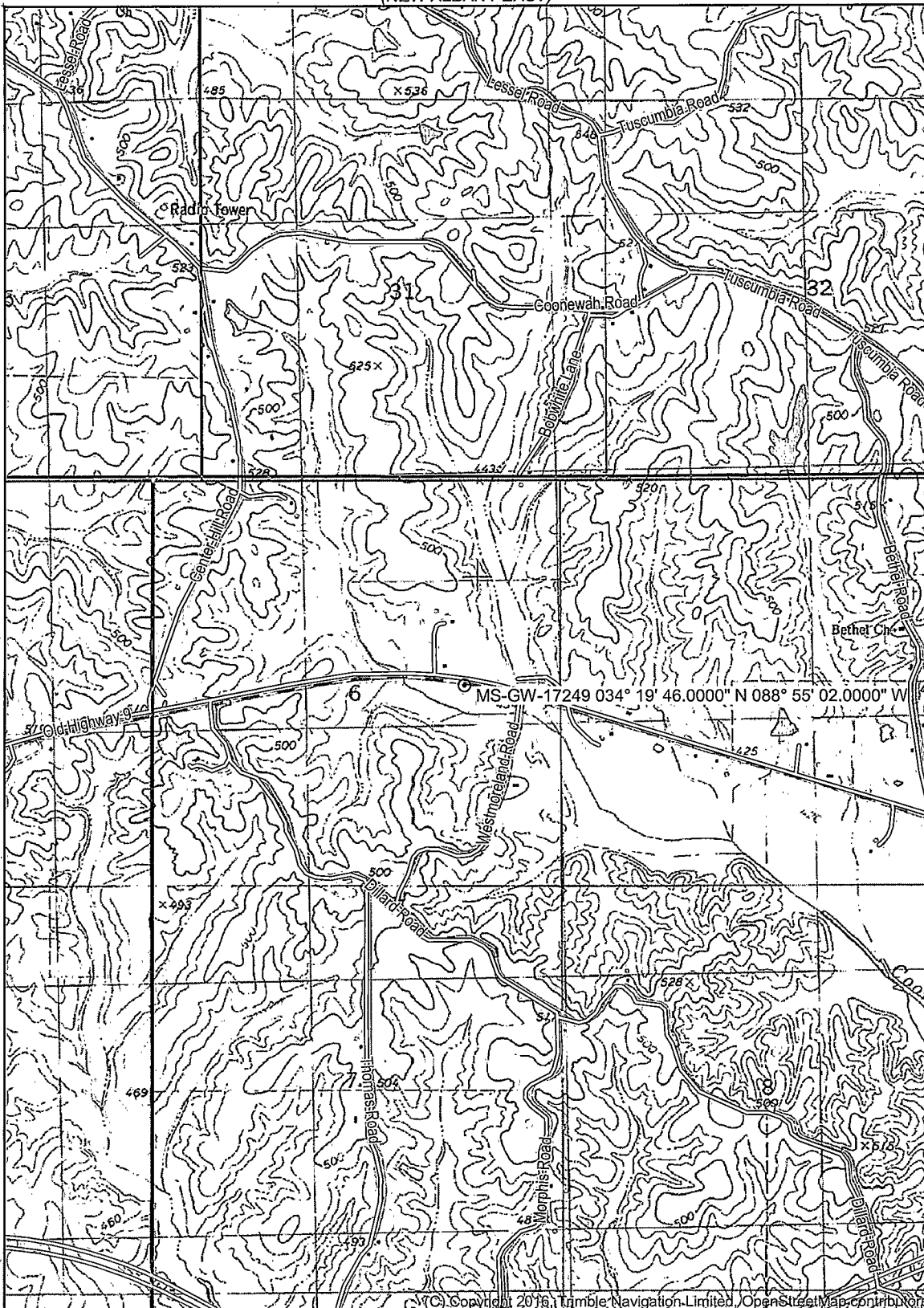


NORTHEAST PONTOTOC QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES (ELLISTOWN)

088° 56' 13.0301" W  
034° 21' 13.0672" N

(NEW ALBANY EAST)

088° 53' 49.7540" W  
034° 21' 13.0672" N



(NORTHWEST PONTOTOC)

(SHERMAN)

034° 18' 25.4647" N  
088° 56' 13.0301" W

MS-GW-17249 034° 19' 46.0000" N 088° 55' 02.0000" W

034° 18' 25.4647" N  
088° 53' 49.7540" W

(SOUTHWEST PONTOTOC)

(SOUTHEAST PONTOTOC)  
SCALE 1:24000

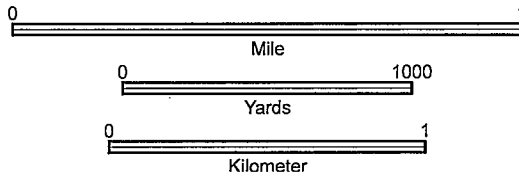
(BISELL)

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 12M N and  
5M W

Declination



CONTOUR INTERVAL 20 FT

34088-C8-TM-024  
NORTHEAST PONTOTOC,  
MS  
JAN 1, 1980

Printed: Thu Feb 08, 2018