

STATE WELL REPORT

Part I

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 #: A54

Aquifer: SPRT

E-Log #: _____

County: Smith
 Permit #: MS-GW-12352
 Driller: Mid South Water
 Date drilling completed: 12-15-18

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>Town of Polkville</u>	Latitude: <u>32°12'01.2"</u> Longitude: <u>89°41'30.62"</u>
Mailing Address: <u>6606 Hwy 13</u>	<u>32.200333</u> <u>89.691856</u>
<u>Moorton Ms</u> <u>39117</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. () _____	<u>NW 1/4 SW 1/4, Sec 9 T 4N R 6E</u>
	<u>2.5</u> Miles <u>North</u> of <u>Sec 538 on Hwy 13</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-29-18 Date drilling completed: 12-15 Hole depth: 1135' Hole diameter: 16"

Location of the source of any surface water used for drilling: Polkville Water Assn.

Method of dosing and volume of Chlorine used in drilling and development: Granular chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump

Seismic Survey Other (describe): _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

Static Water Level: 396' feet (above or below] land surface (circle one) Date measured: 1-22-19

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 1135 Well grouted to a depth of: 1080 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1080 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 6 inches Type of screen: SS Rod Based

Screen slot size: 0.12" inches Setting depth: From 1090 feet to 1130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 1030 feet

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

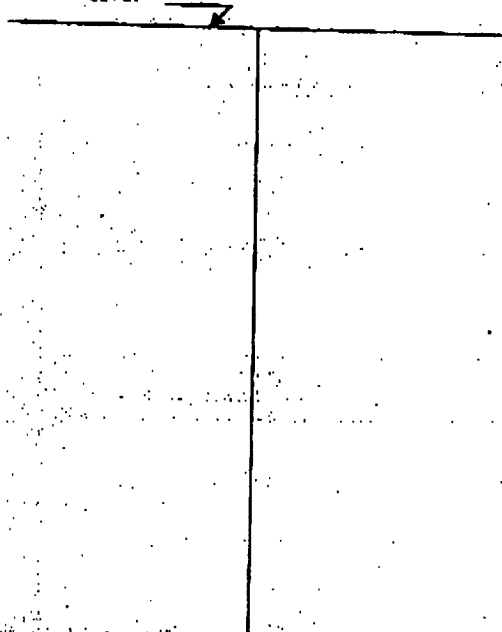
County: Smith
 Permit #: MS-6W-17352

For Office Use Only:
 Well #: A54

The sketch below only required for water wells

If well telescopes, show depths on sketch.

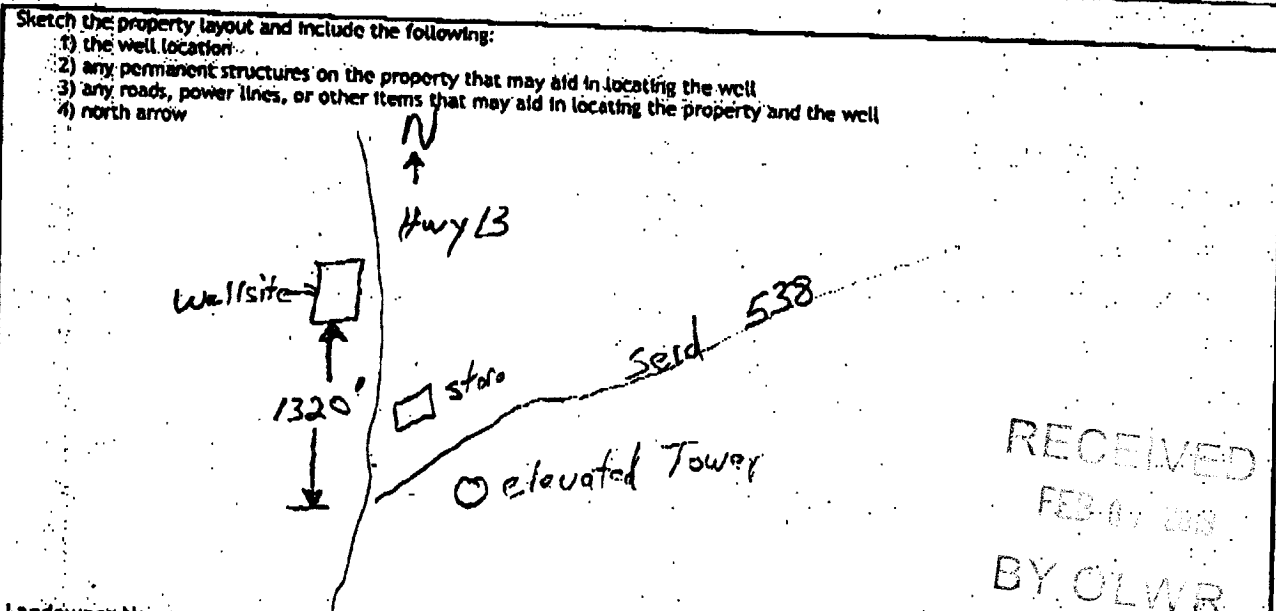
Ground Level



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)
Sandy Clay	Ground level	25
Clay	25	30
Sand	30	53
Sandy Clay	53	81
Clay	81	112
Sandy clay	112	160
Shale	160	255
Yellow Clay	255	350
Shale	350	425
Calcareous sand	425	646
Shale	646	928
Sand with shale	928	1140
Shale	1140	1150

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



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Landowner Name: _____

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.

Clayton Miller 0-703 2-6-19 Clayton Miller
 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)

For Office Use Only:

Well #: A54
 Aquifer: _____

County: Smith
 Permit #: MS-641-17352
 Driller: Mid South Water
 Date completed: 12-21-18
 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>Town of Polkville</u>	Latitude: <u>32° 12' 01.2"</u> Longitude: <u>89° 41' 39.68"</u>
Mailing Address: <u>6606 Hwy 13</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Martian MS 39117</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. () _____	<u>.25</u> Miles <u>North</u> of <u>SR 538</u> on <u>Hwy 13</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 12-21-18 Rated Pump Capacity: 200 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: 50 Setting Depth: 500 feet Number of Stages: 13

Pump Test Data for Non Flowing Well
 Date Well Tested: 1-22-19 Duration of Pump Test (minimum 4 hours): 5 hours
 Static Water Level (A): 402 Feet Below Land Surface Pumping Water Level (B): 418 Feet Below Land Surface
 Drawdown [(B) - (A)]: 16 Feet Below Land Surface Test Pumping Rate: 211 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: 415 feet.
 Well yielded 211 GPM with a drawdown of 16 feet after 4 hours of pumping

Meter Installation
 Meter Manufacturer: Water Specialties Meter Serial Number: 20181824
 Meter Model Number/Name: M104 Type of Meter: propeller
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000
 Installation Date: 1-22-19 Meter Installed by: Mid South Water
 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.

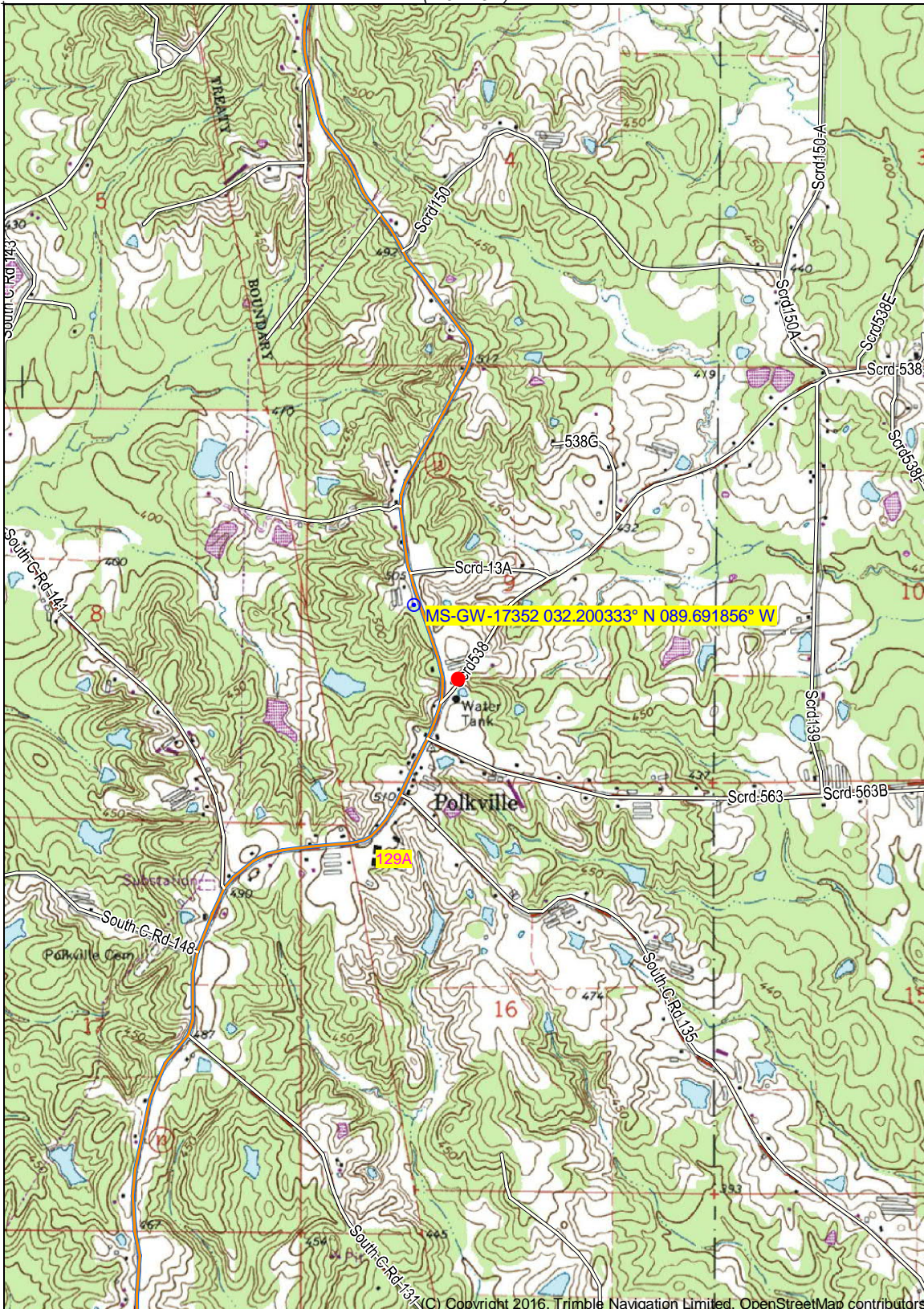
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 2-6-19 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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089° 42' 32.7418" W
032° 13' 18.4327" N

(MORTON)

089° 40' 12.8821" W
032° 13' 18.4327" N



(JOHNS)

(HOMEWOOD)

032° 10' 30.7973" N
089° 42' 32.7418" W

(WHITE OAK)

032° 10' 30.7973" N
089° 40' 12.8821" W

(PUCKETT)

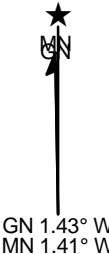
(RALEIGH)

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

North American 1983 Datum (NAD83)

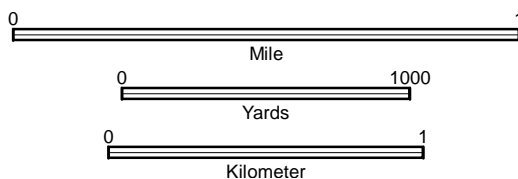
To place on the predicted North American
1927 move the projection lines 17M N and
7M W

Declination



GN 1.43° W
MN 1.41° W

SCALE 1:24000



CONTOUR INTERVAL 10 FT

32089-B6-TM-024
POLKVILLE, MS
JAN 1, 1980

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Printed: Fri Feb 08, 2019