

Does not need part 2

210 Test hole 1

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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 #: R151
Aquifer: _____
E-Log #: _____

County: Tallahatchie
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-24-18

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Cascilla Water Assoc.</u>	Latitude: <u>33° 51' 28.73"</u> Longitude: <u>90° 00' 17.40"</u>
Mailing Address: <u>994 Cascilla rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cascilla MS 38920</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>17</u> T <u>23</u> N R <u>3E</u>
Telephone No. (____) _____	<u>.25</u> Miles <u>NW</u> of <u>Cascilla</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-3-18 Date drilling completed: 4-24-18 Hole depth: 1500 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 (circle all applicable): No log/run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Teaco

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe): Test hole

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): Test Hole

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

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle 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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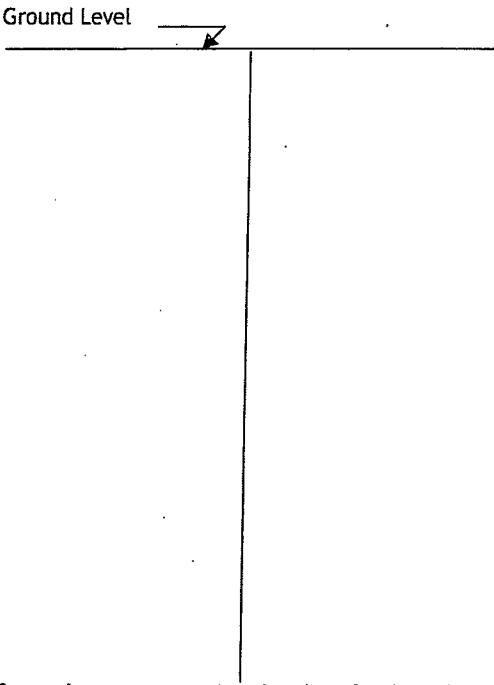
County: Tallahatchie
Permit #: _____

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Well #: RIS

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
red sandy clay	Ground level	40
sand & gravel	40	110
clay & gravel	110	210
clay & sand strips	210	360
sand & clay	360	440
clay	440	520
sand & clay	520	540
sand	540	560
clay & sand	560	600
clay	600	720
clay & lignite	720	740
clay	740	970
clay & rock strips	970	1280
fine sand	1280	1320
clay & lignite	1320	1370
clay	1370	1500

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: Cascilla 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.

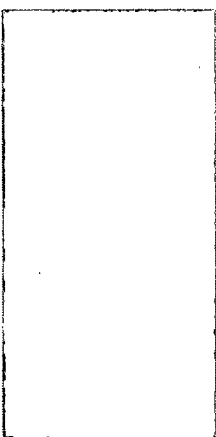
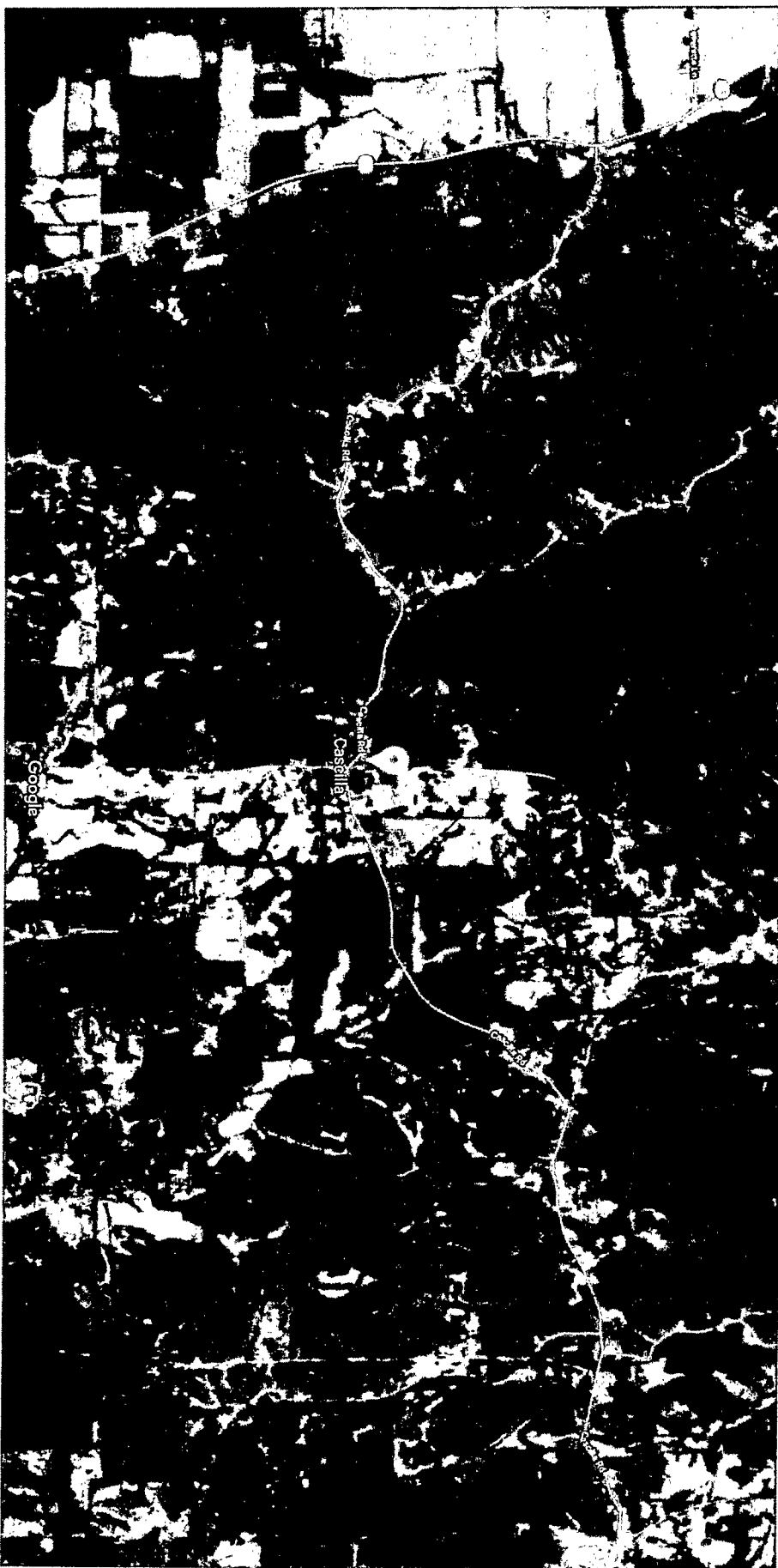
John W Thompson 0-679 5-23-18 John W Thompson
Print Name of Responsible Licensee and License No. Date Signature of Licensee

5/23/2018

33°51'28.7"N 90°00'17.4"W - Google Maps

Google 14:00 33°51'28.7"N 90°00'17.4"W

R15



33°51'28.7"N 90°00'17.4"W
33.857981, -90.004833

<https://www.google.com/maps/place/33%C2%B051'28.7%22N+90%C2%B000'17.4%22W/@33.8605152,-90.0021222,6300m/data=!3m1!1e3!4m5!3m4!1s0x0:0x018m2:3d33:857980614d-90.0048333>