

Test Hole for MS-GW-17557

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 #: F 18
Aquifer: _____
E-Log #: _____

County: Tishomingo
Permit #: ~~MS GW 17557~~
Driller: Ray Smith
Date drilling completed: 1-13-21

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>TCWD</u>	Latitude: <u>34°48'49.5"</u> Longitude: <u>88°10'18.9"</u>
Mailing Address: <u>117 E Eastport St</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Iuka</u> <u>MS</u> <u>38852</u>	<u>SW 1/4 SW 1/4, Sec 17 T 035 R 11E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(612) 423-3211</u>	

Well / Borehole Data
Date drilling started: <u>12-30-20</u> Date drilling completed: <u>1-13-21</u> Hole depth: <u>400'</u> Hole diameter: <u>7 7/8"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>20 gal injection into pit</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" 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>MS USGS</u>
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) <u>Test Hole</u>
<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): <u>Test hole</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>145</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: _____ (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 (check all applicable) <input 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: _____ feet

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

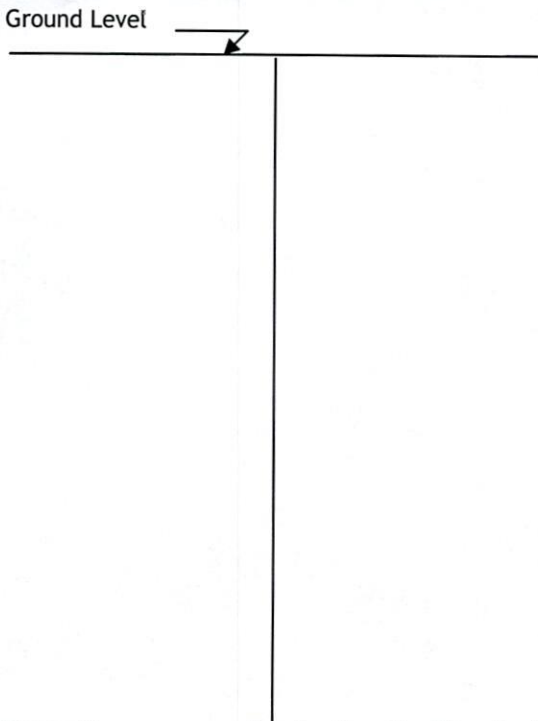
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BY OLWR

Test Hole for MS-GW-17557

County: Tishomingo
 Permit #: ~~MS GW 17550~~

For Office Use only:
 Well #: F18

Sketch below only required for water wells.
If well screens, show depths on sketch.



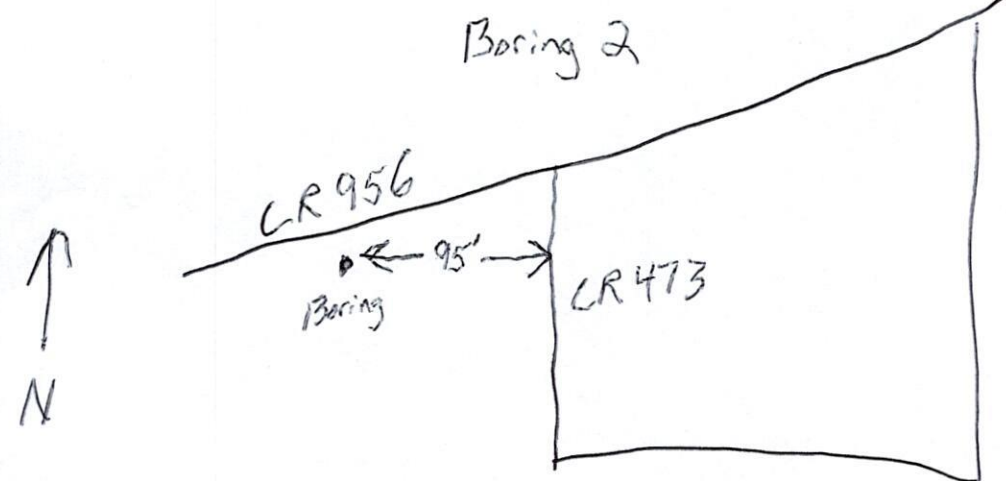
Formation information must be presented in logs and boreholes, unless exempt by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground level	36
Brown Clay	37	46
Gravel	47	85
Hard Red Clay	86	135
Gray Clay	136	154
Red Clay w/gravel	155	224
Hard Gray Clay	225	248
Broken Limestone Chert	249	400
Test hole was abandoned w/ cement grout		

one screen, show location of screen 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 property and the well
- 3) any roads, power lines, or other features that may aid in locating the property and the well
- 4) north arrow



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When 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, are met.

Jimmy "Ray" Smith LNR 0005717 1-27-22 Jimmy Ray Smith



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RE: TCWD Water Treatment Facility & Wells
 Phase 2: Permanent Well Construction
 E18-117

Date: 01/13/2021

ATT: Dean McRae Engineering - Tommy Dean
 P.E. Principal

Subject: Test Drilling Log / Drillers Log -
 Lithology Report

Driller - Jimmy "Ray" Smith
 License # UNR-00005717 EXP 06/30/21

Contractor - National Water Services, LLC
 MSBOC C.O.R.# 22154-MC EXP - 03/29/2021

Well Purpose: Test Well - Municipal Supply

Drilling Method: Conventional Mud Rotary

Well Completion Data

Diameter 7 7/8"

Total Depth In Feet 400'

Type Of Log - Gama__ Electric__

Date Of Completion 1/13/21

Submittal - 04220-2 1.05 G 1. & 2.

Descriptions and Colors of Materials Sand, Clay, Red Clay, Shell etc..	FROM	TO
Red Clay	0	36
Brown Clay	37	46
Gravel	47	85
Hard Red Clay	86	135
Gray Clay	136	154
Red Clay with Gravel	155	224
Hard Gray Clay	225	248
Broken Limestone Chert	249	400