

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 #: F20
Aquifer: PLZC
E-Log #: F18

County: Tishomingo
Permit #: MS-GW-17557
Driller: Ray Smith
Date drilling completed: 6-4-21

MS-GW-17557

elevation 610

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02-08-2022
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>TCWO</u>	Latitude: <u>34.813750</u> Longitude: <u>88.171917</u>
Mailing Address: <u>117 E Eastport St</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <u>SW 1/4 SW 1/4, Sec 17 T 035 R 11E</u> , Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Inka</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	<u> </u> Miles <u> </u> of <u> </u>
Telephone No. ()	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-19-21 Date drilling completed: 6-4-21 Hole depth: 415 Hole diameter: 21"
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: injection to pit 20gal
 Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other:
 Name of organization running log(s): Test Hole F18 was logged by MDEQ
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe)

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

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe):
 If a flowing well, method of flow regulation: Valve Other (describe)
 Static Water Level: 145 feet above or below land surface Date measured: 6-17-21
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe):
 Well depth: 415 Well grouted to a depth of: 240 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 240 feet Casing diameter: 16" inches Type of casing: steel
 Screen length: 80 feet Screen diameter: 10 inches Type of screen: SS
 Screen slot size: 1.030 inches Setting depth: From 335 feet to 415 feet
 Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
 Other (describe):
 Top of lap pipe or reduction in casing: 195 feet

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



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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

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 #: _____

Aquifer: _____

County: Tishomingo
 Permit #: MSGW 17552
 Driller: Ray Smith
 Date completed: _____
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>TCWD</u>	Latitude: _____ Longitude: _____
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>Inka</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>	

Pump Type (check one)

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

Date Pump Installed: 10-4-21 Rated Pump Capacity: 600 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: 60 Setting Depth: 270 feet Number of Stages: 13

Pump Test Data for Non Flowing Well

Date Well Tested: 6-17-21 Duration of Pump Test (minimum 4 hours): 25 hours

Static Water Level (A): 145 Feet Below Land Surface Pumping Water Level (B): 231 Feet Below Land Surface

Drawdown [(B) - (A)]: 84 Feet Below Land Surface Test Pumping Rate: 545 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.

Ray Smith UNR 5717 1-27-22 Ray Smith

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

(DOSKIE)



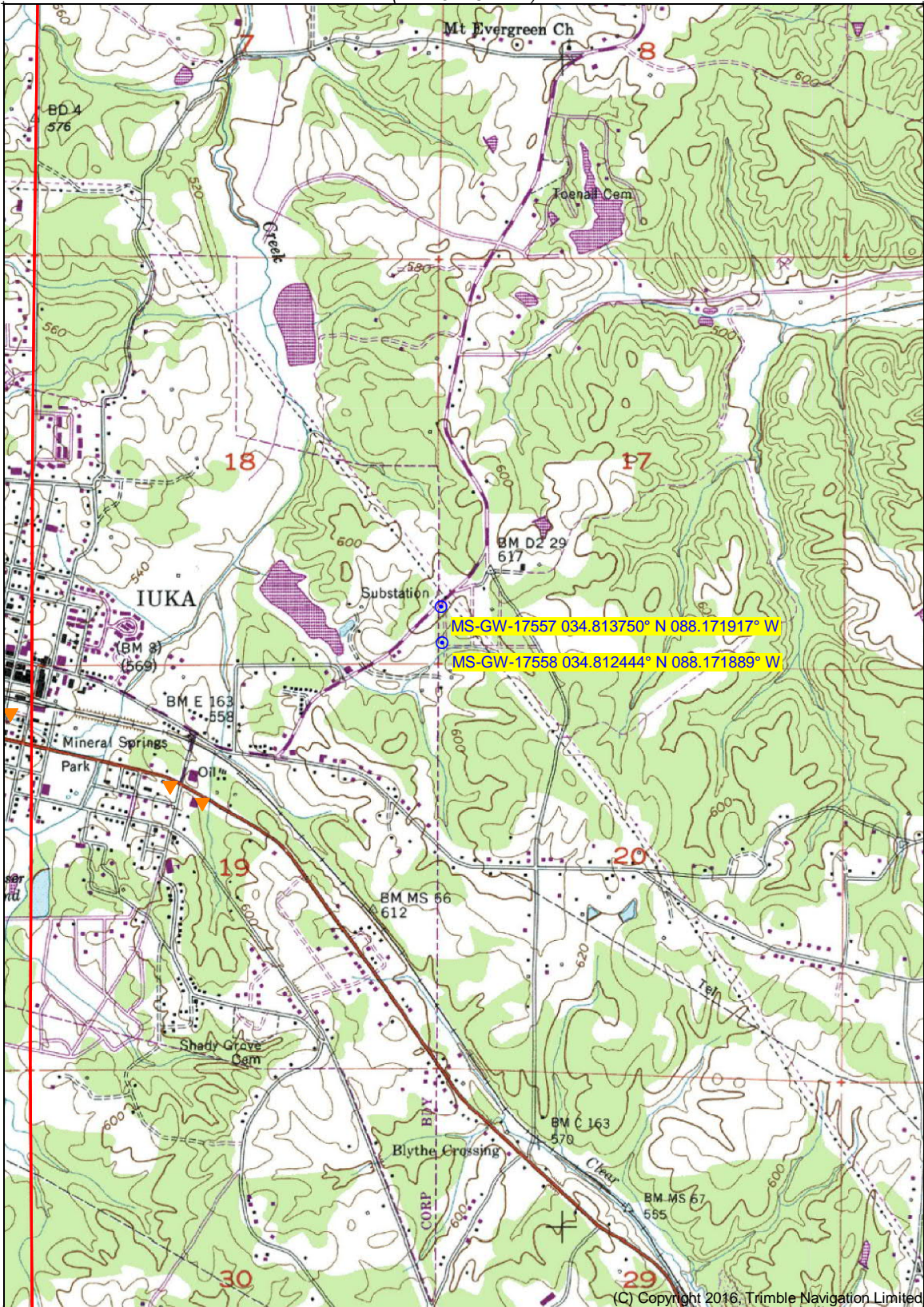
088° 11' 27.3090" W
034° 50' 07.1134" N

(YELLOW CREEK)

088° 09' 03.1604" W
034° 50' 07.1134" N

(BURNSVILLE)

(MARGERUM)



034° 47' 19.4780" N
088° 11' 27.3090" W

088° 09' 03.1604" W
034° 47' 19.4780" N

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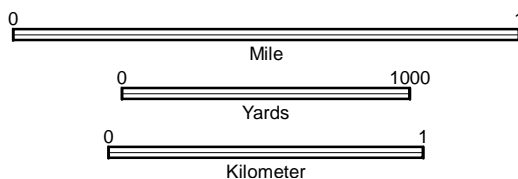
(PADEN)

(BISHOP)

Declination



(TISHOMINGO)
SCALE 1:24000



CONTOUR INTERVAL 20 FT

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 10M N and
4M W

34088-G2-TM-024
IUKA, MS
JAN 1, 1984