

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 #: F21
Aquifer: PLZC
E-Log #: F19

County: Tishomingo
Permit #: MSGW ~~17557~~
Driller: Ray Smith
Date drilling completed: 5-11-21

MS-GW-17558

elevation 575

RECEIVED

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>TCWD</u>	Latitude: <u>34.812444</u> Longitude: <u>88.171889</u>
Mailing Address: <u>117 E Eastport St</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <input type="checkbox"/> , Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>Inka</u> <u>MS</u> <u>38852</u> City State Zip Code	<u>SW 1/4 SW 1/4, Sec 17 T 035 R11E</u>
Telephone No. <u>(662) 423-3211</u>	<u> </u> Miles <u> </u> of <u> </u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>3-22-21</u> Date drilling completed: <u>5-11-21</u> Hole depth: <u>380</u> Hole diameter: <u>21"</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>injection to pit 20 gal</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: <u> </u>
Name of organization running log(s): <u>Test Hole F19 was logged by MDEQ</u>
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> <input type="checkbox"/> Seismic Survey Other (describe) <u> </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> </u>
If a flowing well, method of flow regulation: Valve <u> </u> Other (describe) <u> </u>
Static Water Level: <u>101</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6-17-21</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u> </u>
Well depth: <u>380</u> Well grouted to a depth of: <u>295</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>295</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>
Screen length: <u>80</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>SS</u>
Screen slot size: <u>.030</u> inches Setting depth: From <u>300</u> feet to <u>380</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): <u> </u>
Top of lap pipe or reduction in casing: <u>225</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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For Office Use Only:

Well #: F21

County: Tishomingo
 Permit #: MS-GW-17757

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

See Attached

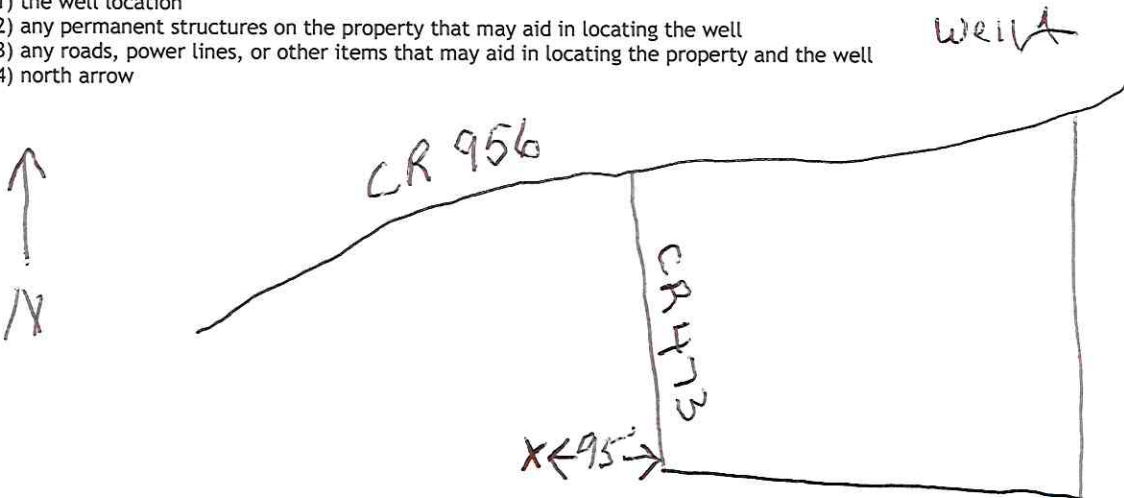
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
See Attached		

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: _____

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.

Jimmy "Ray" Smith UNR 5717 1-27-22
 Print Name of Responsible Licensee and License No. Date

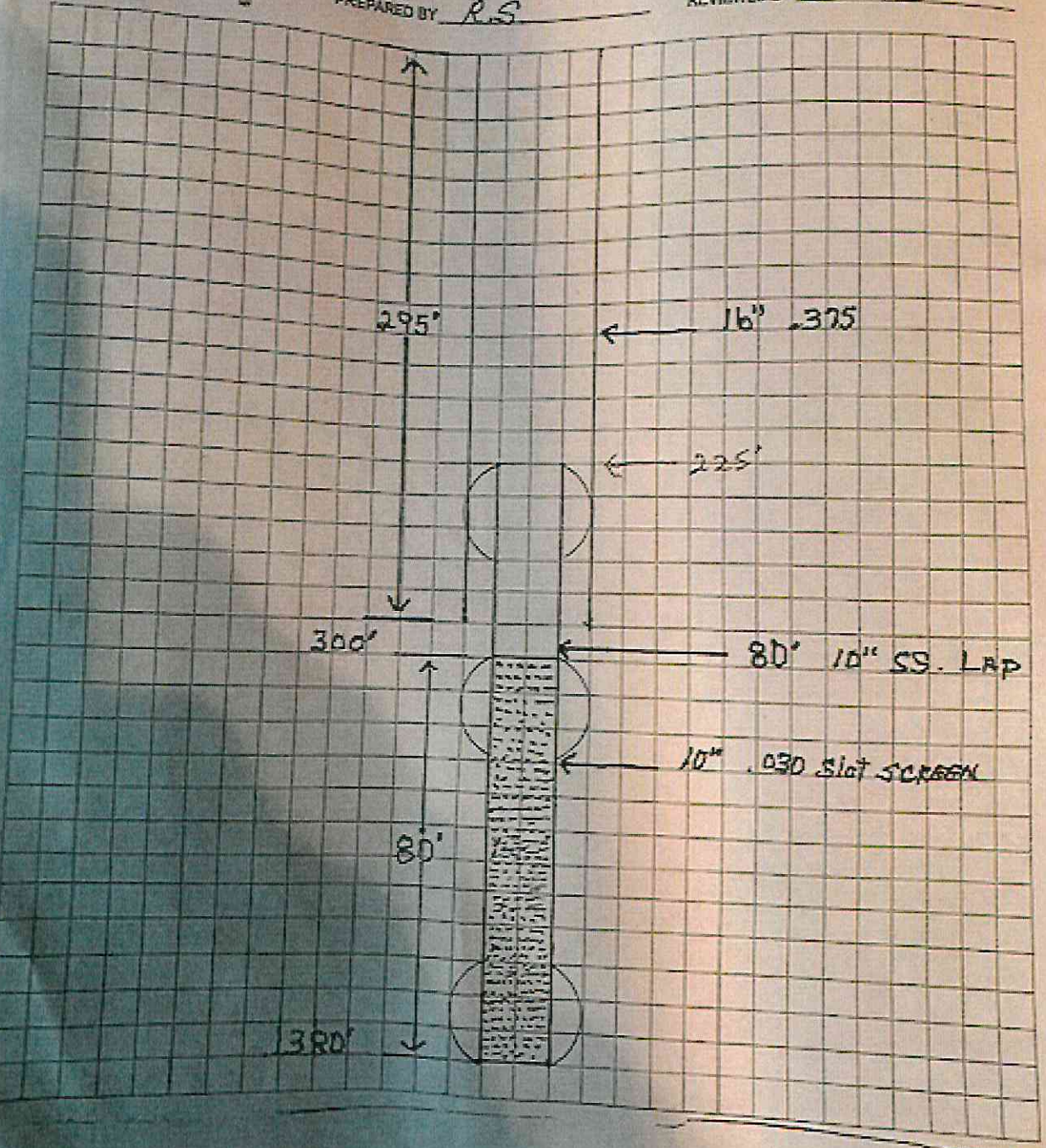
Jimmy Ray Smith
 Signature of Licensee

F21



JOB NAME Fishermans
DESCRIPTION Well #1
Bottom of Hill
PREPARED BY RS

JOB NO. 6272
SHEET _____
DATE 1-27-2021
REVIEWED BY _____





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02-08-2022
BY OLWR

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 Hole #1 - Municipal
 Supply

Drilling Method: Conventional Mud Rotary

Well Completion Data

Diameter 7 7/8"

Total Depth In Feet 398'

Type Of Log - Gama__ Electric__

Date Of Completion 1/21/2021

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

Descriptions and Colors of Materials	FROM	TO
Top Soil	0	3
Sandy Clay	4	15
Sand	16	18
Gravel	19	32
Red & Gray Clay	33	45
Gray Clay	46	54
Clay With Gravel	55	78
Hard Clay With Gravel	79	162
Chert	163	175
Hard Clay	176	184
Hard Chert	185	202
Clay With Chert	203	223
Hard Chert	224	248
Broken Chert	249	389
Hard Chert	390	400

MS-GW-17558

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 #: F21
 Aquifer: _____

County: Tishomingo
 Permit #: MS-GW-17558
 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>TCWO</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> MS <u>38852</u>	<u>SW 1/4 SW 1/4, Sec 17 T 03S R 11E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(602) 423 3711</u>	

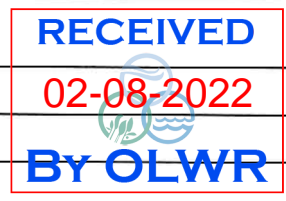
Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 10-7-21 Rated Pump Capacity: 600 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

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: 8-5-21 Duration of Pump Test (minimum 4 hours): 4 1/2 hours
 Static Water Level (A): 101 Feet Below Land Surface Pumping Water Level (B): 172 Feet Below Land Surface
 Drawdown [(B) - (A)]: 71 Feet Below Land Surface Test Pumping Rate: 647 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 UUR5717 1-27-22
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

(DOSKIE)



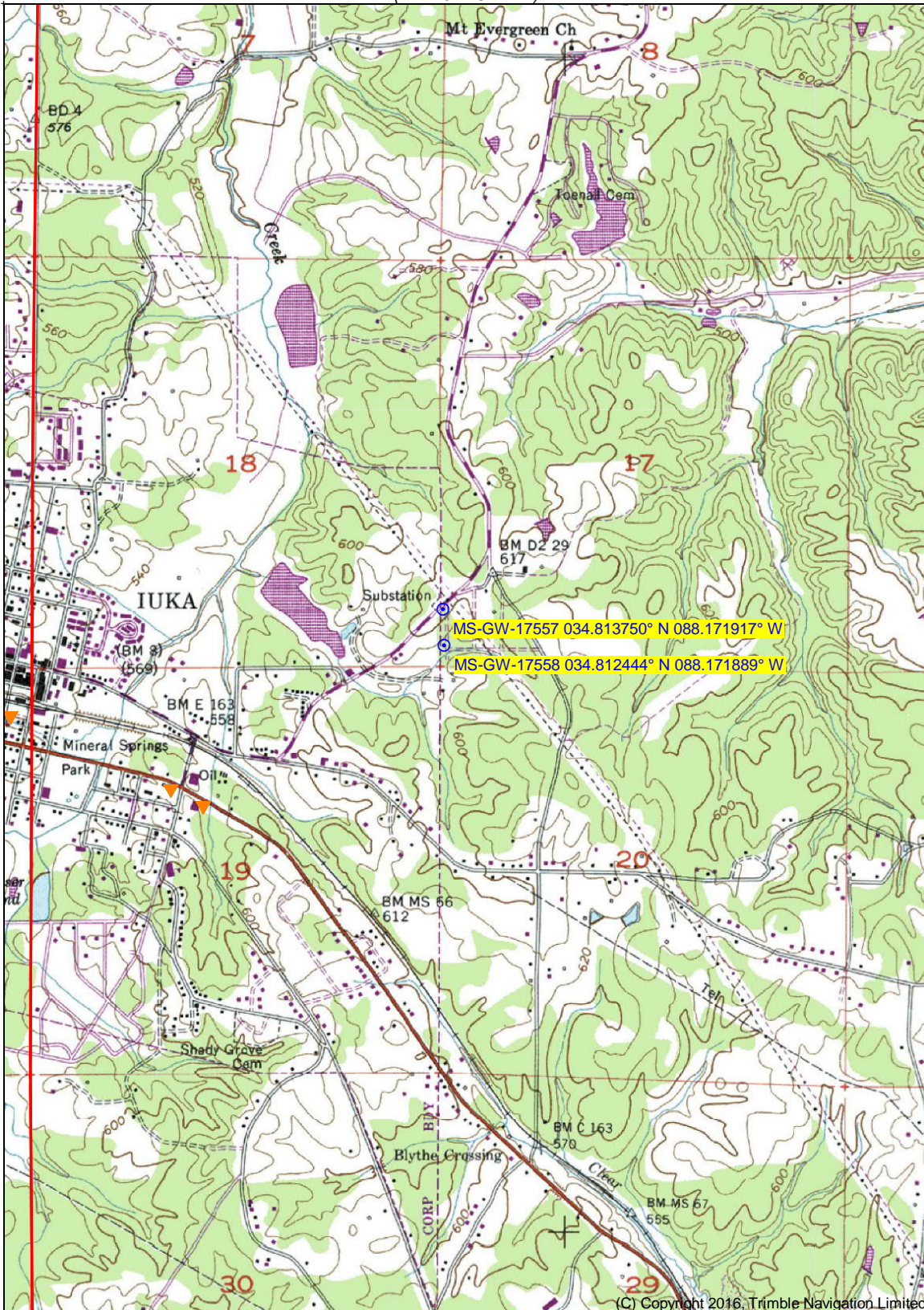
088° 11' 27.3090" W
034° 50' 07.1134" N

(YELLOW CREEK)

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

(BURNSVILLE)

(MARGERUM)



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

Printed: Tue Feb 08, 2022

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

(C) Copyright 2016, Trimble Navigation Limited

(PADEN)

(BISHOP)

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

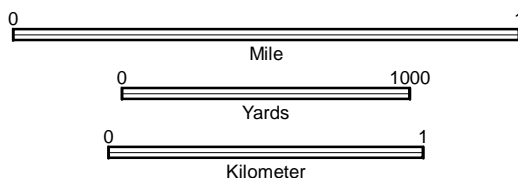
North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 10M N and
4M W

Declination



(TISHOMINGO)
SCALE 1:24000



CONTOUR INTERVAL 20 FT

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