

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)

County: Walt hall
Permit #: MS-GW-17467
Driller: John Thompson
Date drilling completed: 07/27/2021

For Office Use Only:

Well #: L65
Aquifer: _____
E-Log #: _____

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09-10-2021

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Improve water association</u>	Latitude: <u>31.0693110</u> Longitude: <u>-89.9129830</u>
Mailing Address: <u>227 Sawmill rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sandy hook</u> <u>Mississippi</u> <u>39478</u>	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>8</u> T <u>1n</u> R <u>13e</u>
City State Zip Code	<u>5</u> Miles <u>West</u> of <u>Dexter</u>
Telephone No. (<u>601</u>) <u>876-5388</u>	(Distance) (Direction) (Nearest Town)

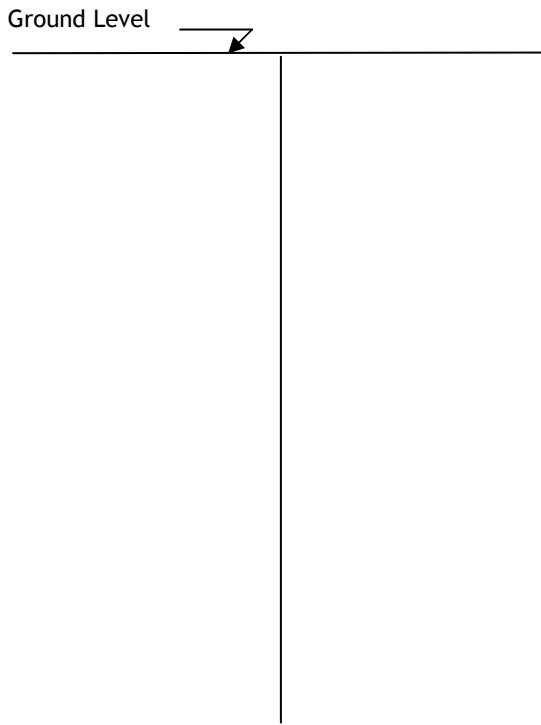
Well / Borehole Data
Date drilling started: <u>05/05/2021</u> Date drilling completed: <u>07/27/2021</u> Hole depth: <u>389</u> Hole diameter: <u>21.5</u> •
Location of the source of any surface water used for drilling: <u>Hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>Teaco</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>124</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>07/27/2021</u> (check one)
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>381</u> Well grouted to a depth of: <u>315</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>315</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steele</u>
Screen length: <u>61</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>Stainless rod base</u>
Screen slot size: <u>.018</u> inches Setting depth: From <u>320</u> feet to <u>381</u> feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>260</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Walt hall
 Permit #: _____

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**The sketch below only required for water wells
 If well telescopes, show depths on sketch.**



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

**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)
Sand	Ground level	160
Clay	160	320
Sand	320	400
Clay	400	389

- 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: Improve water association

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 Thompson 0-679

09/03/2021



John Thompson

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

IMPROVE M/S

(All measurements are ground level)

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 12-09-2021
 BY OLWR

16.375 set e 3(S)
Cemented 5-27-2021

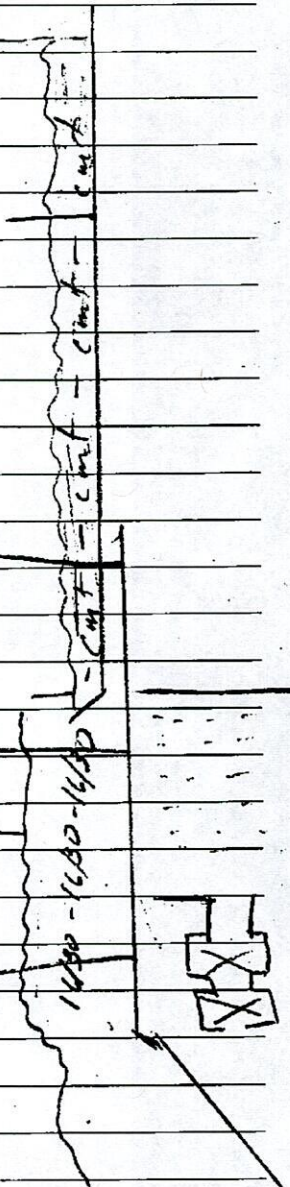
10" ss lap f/ 260' - 320'
Set 10-23-2021

10" ID 1 1/2" ss screen f/ 320' - 381.89
Set 7-25-2021

10" stinger f/ 381.99 - 389.14

21" hole

22" hole



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)

County: Walworth
Permit #: _____
Driller: John W Thompson
Date completed: 12-8-21
Copy information from block on Part 1

For Office Use Only:

Well #: _____

Aquifer: _____

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12-09-2021

BY OLWR

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>Improve Water Association</u>	Latitude: <u>N 31.0693110</u> Longitude: <u>W 89.9129830</u>
Mailing Address: <u>227 Sawmill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Sandy Hook MS 39478</u>	_____ 1/4 _____ 1/4, Sec <u>8</u> T <u>1N</u> R <u>13E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>W</u> of <u>Dexter</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

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: 40 Setting Depth: 200' feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: 7-27-21 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 124 Feet Below Land Surface Pumping Water Level (B): 149 Feet Below Land Surface

Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 600 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: Water Specialties Meter Serial Number: _____

Meter Model Number/Name: MLO4 Type of Meter: Water Specialties (Flow)

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000

Installation Date: 11-9-21 Meter installed by: Thompson Brothers

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.

John Thompson 0-679 12-8-21 John Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer