

STATE WELL REPORT

E227

County: Washington
 Permit #: GW 17385
 Driller: A1 Jones
 Date drilling completed: 1-5-19

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 #: E227
 Aquifer: _____
 E-Log #: _____

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>City of Leland</u>	Latitude: <u>33°24'33.9"</u> Longitude: <u>90°52'33.5"</u>
Mailing Address: <u>P.O. Box 168</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leland</u> <u>MS</u> <u>38756</u>	USGS quad: _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>NE</u> <u>13</u> <u>T18N</u> <u>R07W</u>
Telephone No. (4602) <u>686 7623</u>	<u>.4</u> Miles <u>North</u> of <u>Hwy 82 on Huxley</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-15-18 Date drilling completed: 1-5-19 Hole depth: 1300' Hole diameter: 12"

Location of the source of any surface water used for drilling: City water supply

Method of dosing and volume of Chlorine used in drilling and development: Chlorinated water

Logs run (circle all applicable): No log run ☒ Electric ☒ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron ☐ Other: _____

Name of organization running log(s): MS Office of Geology

Purpose of borehole (circle 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 (circle all applicable): Home ☐ Industrial ☐ ☒ Public Supply ☐ Irrigation ☐ Fish Culture

Other (describe): _____

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

Static Water Level: 31' feet (above or below) land surface Date measured: 2-15-19

(circle one)

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

Well depth: 650' Well grouted to a depth of: 545' feet Type of grout (circle one): Neat Cement ☐ Bentonite ☒ Mix

Casing length: 545' feet Casing diameter: 16 inches Type of casing: steel

Screen length: 100' feet Screen diameter: 10 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 550 feet to 650 feet

Type of completion (circle all applicable): ☒ Gravel packed ☒ Underreamed ☐ Open hole ☐ Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 470 feet

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

Form: OLWR-SWR-1A (4/13)

E227

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The sketch below only required for water wells

If well-telescopes, show depths on sketch.

Ground Level

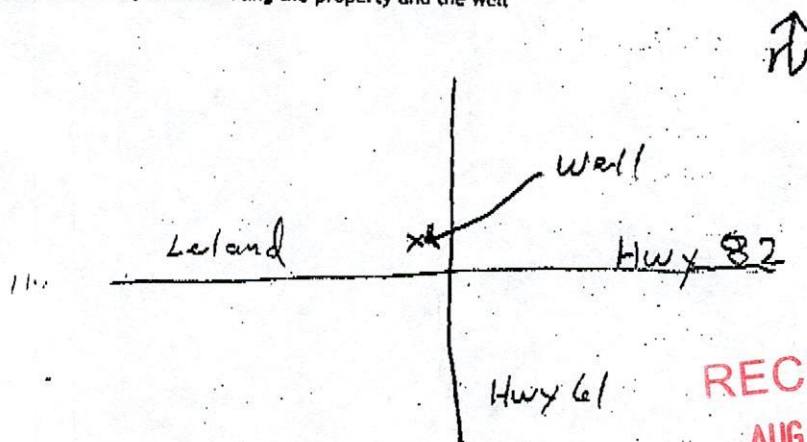
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

[illegible]

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.

Clayton Miller 8-22-19 Clayton Miller
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-5WR-1A (4/13)

STATE WELL REPORT

County: Washington
 Permit #: 17385
 Driller: Tommy Fortenberry
 Date completed: 7-15-19
Copy information from block on Part 1

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 #: E227
 Aquifer: _____

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>City of Leland</u>		Latitude: <u>33°24'33.9"</u>	Longitude: <u>90°52'33.5"</u>
Mailing Address: <u>P.O. Box 1168</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Leland</u>	<u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
City	State	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____	
Zip Code	<u>38756</u>	<u>4</u> Miles <u>North</u> of <u>Hwy 22 on Hwy 61</u>	
Telephone No. () _____		(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-11-19 Rated Pump Capacity: 1000 Gallons Per Minute
 Is This Pump (circle one): (New) Repaired Replacement

Power Type (circle one)
(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 100 Setting Depth: 130 feet Number of Stages: 3

Pump Test Data for Non Flowing Well
 Date Well Tested: 7-15-19 Duration of Pump Test (minimum 4 hours): 8 hours
 Static Water Level (A): 31 Feet Below Land Surface Pumping Water Level (B): 83 Feet Below Land Surface
 Drawdown [(B) - (A)]: 52 Feet Below Land Surface Test Pumping Rate: 1056 Gallons Per Minute
 Method of measurement (circle 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: 20190204
 Meter Model Number/Name: M104-10 Type of Meter: Propeller meter
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Gal x 1000
 Installation Date: 5-4-19 Meter Installed by: Mid South Water
 Is This Meter (circle 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.

Clayton Miller 0-703 8-22-19 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

(SCOTT)



LELAND QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES

(SHAW)

090° 53' 44.1387" W
033° 25' 57.4976" N

(STRINGTOWN)

090° 51' 22.3608" W
033° 25' 57.4976" N

(GREENVILLE)

(HOLLY RIDGE)

033° 23' 09.8622" N
090° 53' 44.1387" W

033° 23' 09.8622" N
090° 51' 22.3608" W

(WAYSIDE)

(TRIBBETT)

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

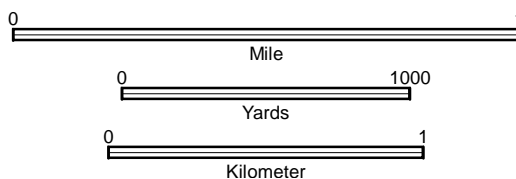
North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 13M N and
9M W

Declination



(ARCOLA)
SCALE 1:24000



CONTOUR INTERVAL 5 FT

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Printed: Tue Aug 27, 2019

33090-D8-TM-024
LELAND, MS
DEC 31, 1969