

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 #: **M46**
Aquifer: _____
E-Log #: _____

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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>Town of Woodville</u>	Latitude: <u>31°5'56"</u> Longitude: <u>91°17'60"</u> 56.49 59.79
Mailing Address: <u>510 Main St.</u> <u>Woodville MS, 39669</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec <u>38</u> T <u>2N</u> R <u>2W</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Woodville</u> (Distance) (Direction) (Nearest Town)

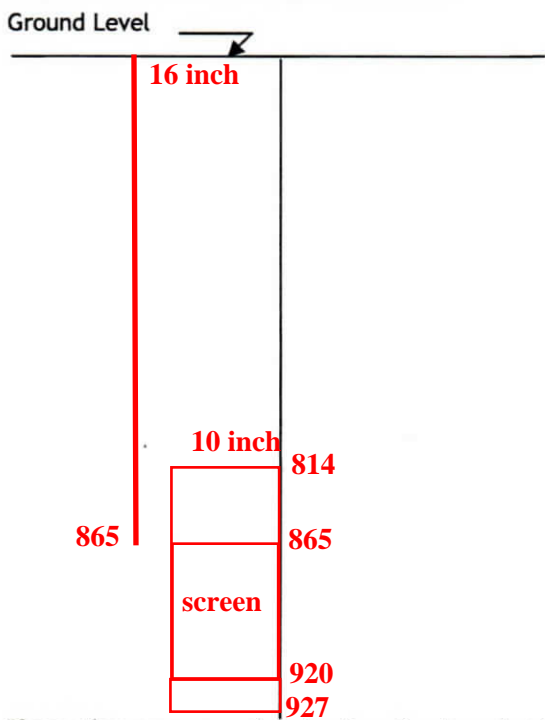
Well / Borehole Data
Date drilling started: <u>11-26-18</u> Date drilling completed: <u>12-9-19</u> Hole depth: <u>927</u> Hole diameter: <u>21 3/4</u>
Location of the source of any surface water used for drilling: <u>hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): TEACO logged the test hole (M45)
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 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): <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): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>310'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>12-9-19</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): _____
Well depth: <u>927</u> Well grouted to a depth of: <u>865</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>865</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>
Screen length: <u>55</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>8x10 manpac</u>
Screen slot size: <u>0.016</u> inches Setting depth: From <u>865</u> feet to <u>920</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): _____
Top of lap pipe or reduction in casing: 814 feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Wilkinson
 Permit #: MS-GW-17322

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*The sketch below only required for water wells
 If well telescopes, show depths 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 + gravel	Ground level	20
Sand gravel + clay	20	40
white sand + clay	40	100
clay	100	180
sand + clay	180	240
clay	240	380
sand	380	500
sand, rock, lignite	500	520
sand + clay	520	740
rock + sand strips	740	820
sand + clay	820	880
sand	880	920
sand + clay	920	960

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.

John W Thompson 0-679 12-16-19 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: M46
Aquifer:

County: Wilkinson
Permit #: MS-GW-17322
Driller: John W Thompson
Date completed: 12-9-19
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: Town of Woodville, 570 Main St, Woodville MS 39669
Well Location: Latitude: 39°5'56" Longitude: 91°17'60"
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
City: Woodville State: MS Zip Code: 39669
Telephone No. ()
(0) Miles of Woodville (Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 12-8-19 Rated Pump Capacity: 500 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: 100 Setting Depth: 470 feet Number of Stages:

Pump Test Data for Non Flowing Well
Date Well Tested: 12-9-19 Duration of Pump Test (minimum 4 hours): 6 hours
Static Water Level (A): 310 Feet Below Land Surface Pumping Water Level (B): 422 Feet Below Land Surface
Drawdown [(B) - (A)]: 112 Feet Below Land Surface Test Pumping Rate: 506 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.
John W Thompson 0-679 12-16-19 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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20 8366

Woodville MS

M46 Wilkinson

4.43
0.26
2.26
59.72
113.63

21" Hole drilled to 868'

16" A53 Grade B .375"
Casing set @ 865' (7-9-19)
Casing Cemental 7-10-19

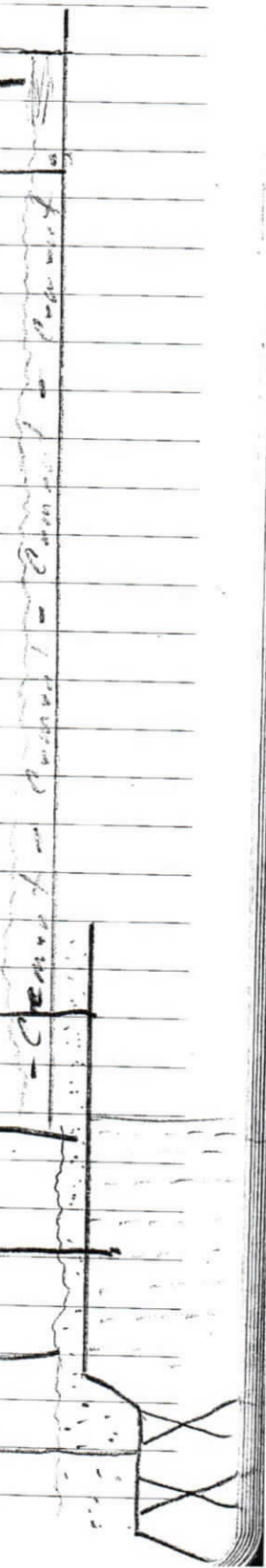
10" coated lap Pipe
f/ 814' - 865'

14 3/4 hole f/ 868' - 927'

8" x 10" .016 mesh screen
f/ 865' - 920'

16-30 pack

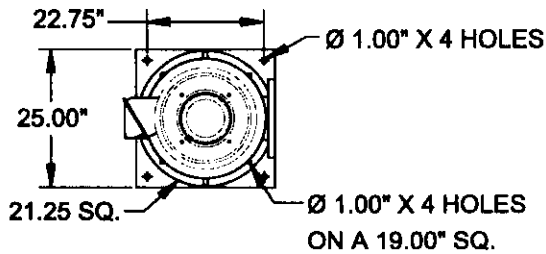
4' x 7' slinger w/ 2-4" BWVs
f/ 920' - 927'



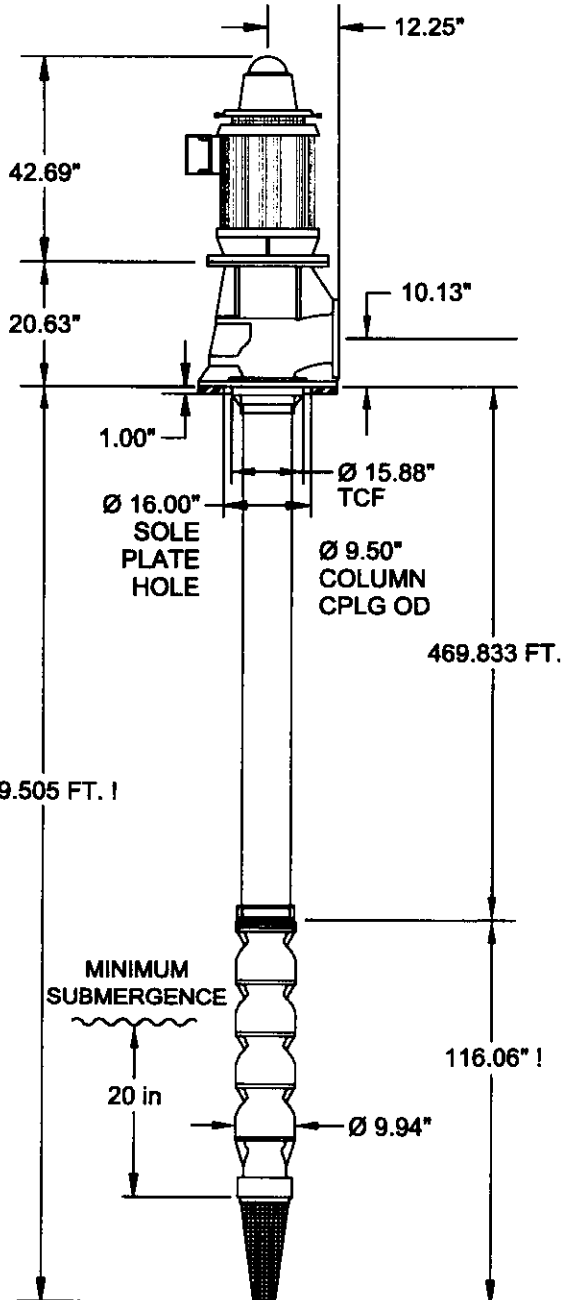
VERTICAL TURBINE PUMP



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MOTOR
 MFGR US HP 100 ENCLOSURE WP1 RPM 1800
 TYPE VHS PHASE 3 HERTZ 60 VOLTS 460 PWS
 S.F. 1.15 EFF. PRE BD 16.50 BX 1.25
 KWY 0.25 CPLG NRR THRUST 6700 FRAME 404TP
 MODEL NO. HO100P2SLG CD 36.31



DISCHARGE HEAD
 MODEL HH50 W/16.5" & 20.0" BD
8" - ANSI CLASS 125-FF DISCHARGE FLANGE
X PACKING BOX NO SPLIT PACKING GLAND
N/A MECHANICAL SEAL N/A
N/A TENSION ASSEMBLY YES SOLE PLATE

COLUMN
8" X 0.322" WALL X THD N/A FLG'D
 LINESHAFT X OPEN (N/A) ENCLOSED
 SHAFT DIA 1.25" TPI 10 TPI TUBE DIA N/A

BOWL
10 STAGE 10-M-55 BOWL ASSEMBLY
500 US GPM FLOW 470 FT. HEAD
 STRAINER X YES NO TYPE CONE

MATERIALS

BOWLS <u>CI EN</u>	COLUMN <u>A53, GR B</u>
IMPELLERS <u>876 BZ (STD)</u>	COLUMN CPLG <u>DI</u>
BWL SFT <u>416 SS</u>	SHAFT TUBE <u>N/A</u>
COLLETS <u>316 SS</u>	BRG RET <u>BZ</u>
BOWL BRG <u>BOWL DWG</u>	LINE SFT BRGS <u>RUBBER</u>
BOLTING <u>SS</u>	LINE SHAFT <u>SS (416)</u>
TENSION BRG <u>N/A</u>	SHAFT SLEEVES <u>N/A</u>
MECH SEAL <u>N/A</u>	SHAFT CPLG <u>SS (304)</u>
SOLE PLATE <u>A-36</u>	PACKING <u>GRAPHITE</u>
BOWL WR <u>N/A</u>	STRAINER <u>304SS</u>
IMP WR <u>N/A</u>	HEAD <u>CI</u>
HEAD SHAFT <u>416 SS</u>	HEAD SHAFT CPG <u>SS (304)</u>
BOWL SURFACE FINISH <u>STD PAINT; OD</u>	
COLUMN SURFACE FINISH <u>NO COATING</u>	
HEAD SURFACE FINISH <u>STD PAINT; OD</u>	

OPTIONAL SUCTION PIPE LENGTH OF 20 FT. NOT INCLUDED IN TPL OR BOWL LENGTH DIMENSIONS

MFG. BY NATIONAL PUMP COMPANY

PROJECT NAME		
Woodville, MS Well Pump P/L		
WEIGHT & THRUST ESTIMATES		
BOWL <u>713 LBS</u>	COLUMN <u>12634 LBS</u>	HEAD <u>680 LBS</u>
SHAFT <u>2022 LBS</u>	TUBE <u>0 LBS</u>	DRIVER <u>1100 LBS</u>
HYD THRUST <u>3005 LBS</u>	DRIVER MAX THRUST <u>6700 LBS</u>	
SPECIAL NOTE: DO NOT ASSEMBLE AS A SCVT PUMP		
ALL DIMENSIONS IN INCHES UNLESS OTHERWISE SHOWN. FOUR STAGE ASSEMBLY SHOWN.		
NOT FOR CONSTRUCTION UNLESS CERTIFIED.		C-124801 BUILD - 3



Thompson Brothers Drilling

"Our Most Important Asset Wears a Hardhat"

538 Moselle Seminary Road • Moselle, MS 39459 • (601) 425-0970

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PUMPING TEST

Date December 9, 2019 Formation _____ County Wilkinson
 Well Observed New Well Owner Town of Woodville
 Well Pumped New Well Average Discharge Constant Rate BY: 6" x 5"
 Static Water Level 310' Pump On 10:00AM Pump Off 4:00PM

Time	T (Mins.)	T (Mins.)	Tape Held	Wetted	Water Level		P.S.I.	IN	GPM
10:00AM		PUMP ON		+					
11:00AM			417'	2.0"	417'- 2"		35	16.5	506
12:00PM			420'	4.5"	420'-4.5"		35	16.5	506
1:00PM			422'	6.5"	422'-6.5"		35	16.5	506
2:00PM			422'	9.5"	422'-9.5"		35	16.5	506
3:00PM			422'	10.0"	422'-10.0"		35	16.5	506
4:00PM			422'	11.5"	422'-11.5"		35	16.5	506
		PUMP OFF							



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PUMPING TEST

Date December 9, 2019 Formation _____ County Wilkinson
 Well Observed New Well Owner Town of Woodville
 Well Pumped New Well Average Discharge _____ Recovery _____ BY: _____
 Static Water Level 310' Pump On _____ Pump Off 4:00PM

Time	T (Mins.)	T (Mins.)	Tape Held	Wetted	Water Level		P.S.I.	IN	GPM	
4:00PM		PUMP OFF		+						
5:00PM			333'	6.5"	333'-6.5"					
6:00PM			323'	9.0"	323'-9.0"					
7:00PM			319'	4.0"	319'-4.0"					
8:00PM			313'	2.5"	313'-2.5"					
	TEST COMPLETE									



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PUMPING TEST

Date December 9, 2019 Formation _____ County Wilkinson
 Well Observed New Well Owner Town of Woodville
 Well Pumped New Well Average Discharge Step Test BY: 6" x 5"
 Static Water Level 310' Pump On _____ Pump Off _____

Time	T (Mins.)	T (Mins.)	Tape Held	Wetted	Water Level		P.S.I.	IN	GPM
							0	25	622
AMPS:	A-84	B-103	C-90				10	23	597
							20	20	557
							30	18	528
							40	16	498
							50	13	449
							60	9.5	384
							70	7.5	341
							80	SHUT OFF PSI	