

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 #: U147
Aquifer: _____
E-Log #: _____

elev 308

County: Amite
Permit #: _____
Driller: Green Water Well
Date drilling completed: 8-12-19

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>Travis Kinchen</u>	Latitude: <u>31°07'92" N</u> Longitude: <u>90°06'329" W</u>
Mailing Address: _____ <u>2403 McClendon Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Magnolia</u> <u>MS</u>	USGS quad _____, NE ¼ SE ¼, Sec <u>6</u> T <u>1N</u> R <u>6E</u>
City State Zip Code	<u>4</u> Miles <u>N</u> of <u>Gillborg</u>
Telephone No. <u>225 270-3895</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-8-19</u> Date drilling completed: <u>8-12-19</u> Hole depth: <u>154</u> Hole diameter: <u>7</u>
Location of the source of any surface water used for drilling: <u>NONE</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>mud pit + gravel pack</u>
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): _____
Purpose of borehole (check one) <input checked="" type="checkbox"/> Water Well <input 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 checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input 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>9</u> feet <input checked="" type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: <u>8-13-19</u> <small>(check one)</small>
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>150</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>140</u> feet to <u>150</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: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

RECEIVED
OCT 30 2019
BY OLWR

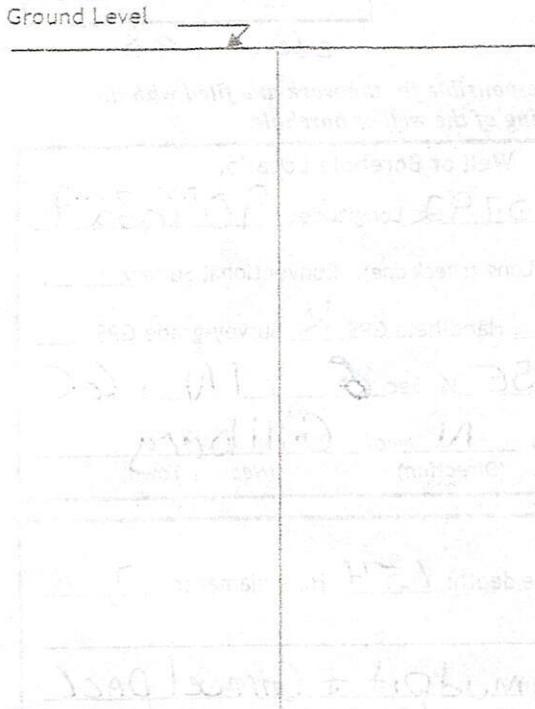
County: Amite
 Permit #: _____

For Office Use Only:
 Well #: U147

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



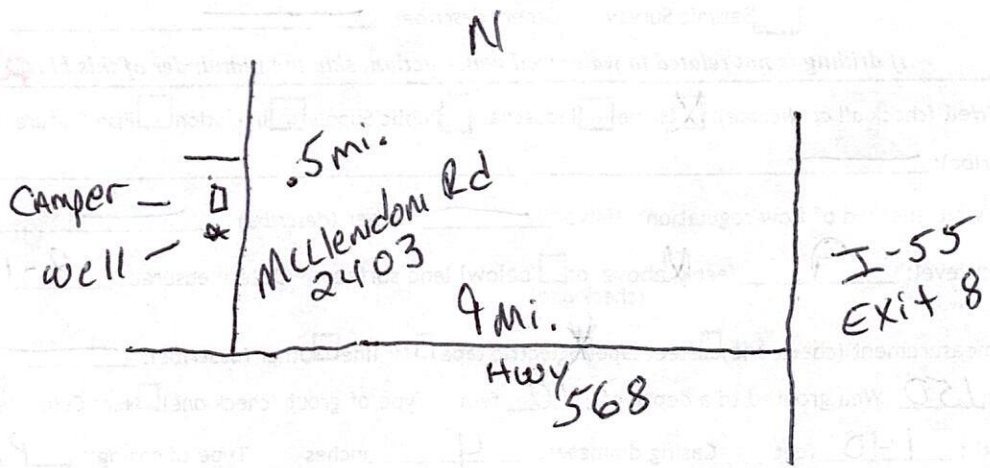
Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil	0	5
Sand	5	10
LOESS	10	16
SAND & GRAVEL	16	25
SAND ROCK	25	27
GRAVEL	27	58
White CLAY	58	75
SAND	75	152
Blue CLAY	152	154

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

McComb



Landowner Name: TRAVIS Kinchen

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.

Michael W KEES 7737
 Print Name of Responsible Licensee and License No.

8-13-19
 Date

[Signature]
 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)

County: Amite
 Permit #: _____
 Driller: Greenwater Well
 Date completed: 8-13-19
Copy information from block on Part 1

For Office Use Only:

Well #: U147
 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>TRAVIS Kinchen</u>	Latitude: <u>31°07'2</u> Longitude: <u>90°6'32'9</u>
Mailing Address: _____ <u>2403 McCleodbn Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Magnolia</u> <u>MS</u> City State Zip Code	<u>NE 1/4 SE 1/4, Sec 6 T 1N R 6E</u>
Telephone No. <u>225 270-3895</u>	<u>4</u> Miles <u>N</u> of <u>Gillsburg</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 8-13-19 Rated Pump Capacity: 10 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: 1/2 Setting Depth: 60 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 8-13-19 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 9 Feet Below Land Surface Pumping Water Level (B): 10 Feet Below Land Surface

Drawdown [(B) - (A)]: 1 Feet Below Land Surface Test Pumping Rate: 10 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.

Michael Kees 7737 8-13-19 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer