

# STATE WELL REPORT

Part I

## 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 #: K 55  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Copiah  
Permit #: \_\_\_\_\_  
DRENN WATER WELL & SUPPLY, Inc.  
Driller: TNC  
Date drilling completed: 3-16-17

*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>Allen Walker</u>	Latitude: <u>31.944401</u> Longitude: <u>90.265349</u> <u>31-56-40</u> <u>90-15-55</u>
Mailing Address: _____ <u>3119 Burt Loop Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Crystal Springs, MS, 39059</u> City State Zip Code	<u>SW 1/4 NE 1/4, Sec 11 T 1N R 1W</u>
Telephone No. (601) <u>906-6800</u>	<u>9</u> Miles <u>NW</u> of <u>Hatchers</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-16-17 Date drilling completed: 3-16-17 Hole depth: 65 Hole diameter: 7

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: Mud pit & Gravel pack

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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) \_\_\_\_\_

Static Water Level: 35 feet [above or below land surface (circle one)] Date measured: 3-16-17

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe) \_\_\_\_\_

Well depth: 60 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 50 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 50 feet to 60 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

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# 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 #: K55  
 Aquifer: \_\_\_\_\_

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: GREENN WATER WELL & SUPPLY, INC.  
 Date completed: 3-27-17  
*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>Allen Walker</u>	Latitude: <u>31.94401</u> Longitude: <u>90.263349</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____ <u>31-56-40</u> <u>90-15-55</u>
<u>3119 Burt Loop</u>	USGS quad: _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Crystal Springs MS 39059</u>	<u>STONE</u> <u>NE</u> <u>1/4</u> , Sec. <u>11</u> T <u>11</u> N R <u>1</u> W
City: _____ State: _____ Zip Code: _____	<u>9</u> miles <u>NW</u> of <u>Hazlehurst</u>
Telephone No. <u>(601) 906-6800</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 3-27-17 Rated Pump Capacity: 10 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: 1 Setting Depth: 55 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-27-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 44 Feet Below Land Surface

Drawdown [(B) - (A)]: 9 Feet Below Land Surface Test Pumping Rate: 10 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: \_\_\_\_\_ 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 (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.

MICHAEL W. KEES UNR-00007737 3-27-17 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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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: Copiah
Permit #:
DRILLER: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 6-24-15

For Office Use Only:
Well #: L 39
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)
Owner Name: Scot Prather
Mailing Address: 7150 Brushy Creek Rd, Crystal Springs, Ms. 39059
Telephone No. (601) 669-2264
Well/Borehole Location
Latitude: 31° 55.235 Longitude: 90° 14.043
Method of Lat/Long (check one): Conventional Survey
USGS Quad: SWE 1/4 SE 1/4, Sec 18 T1N R1E
5 Miles NW of Georgetown

Well/Borehole Data
Date drilling started: 6-24-15 Date drilling completed: 6-24-15 Hole depth: 128 Hole diameter: 7
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development: Mudpit & gravel pack
Logs run (circle all applicable): No log run
Name of organization running log(s):
Purpose of borehole (circle one): Water Well

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 57 feet (below land surface) Date measured: 6-24-15
Method of measurement (circle one): Electric tape
Well depth: 127 Well grouted to a depth of: 10 feet Type of grout (circle one): Bentonite Mix
Casing length: 117 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 117 feet to 127 feet
Type of completion (circle all applicable): Gravel packed
Other (describe):
Top of tap pipe or reduction in casing: feet

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

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

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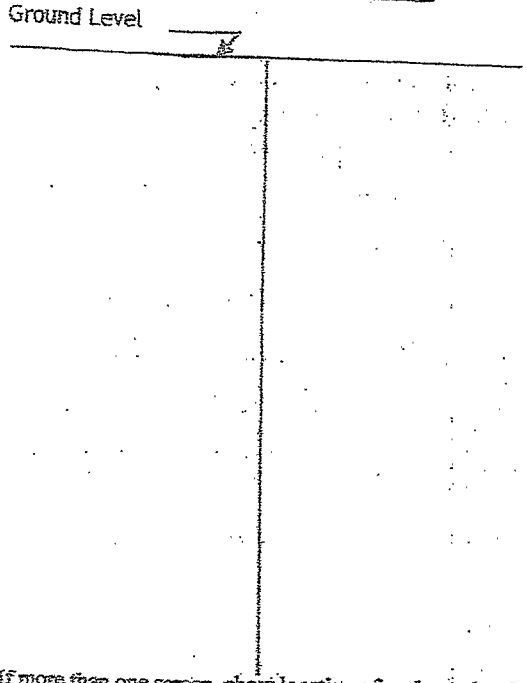
BY: OLWR

County: Copiah  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: \_\_\_\_\_

*The sketch below only required for water wells*

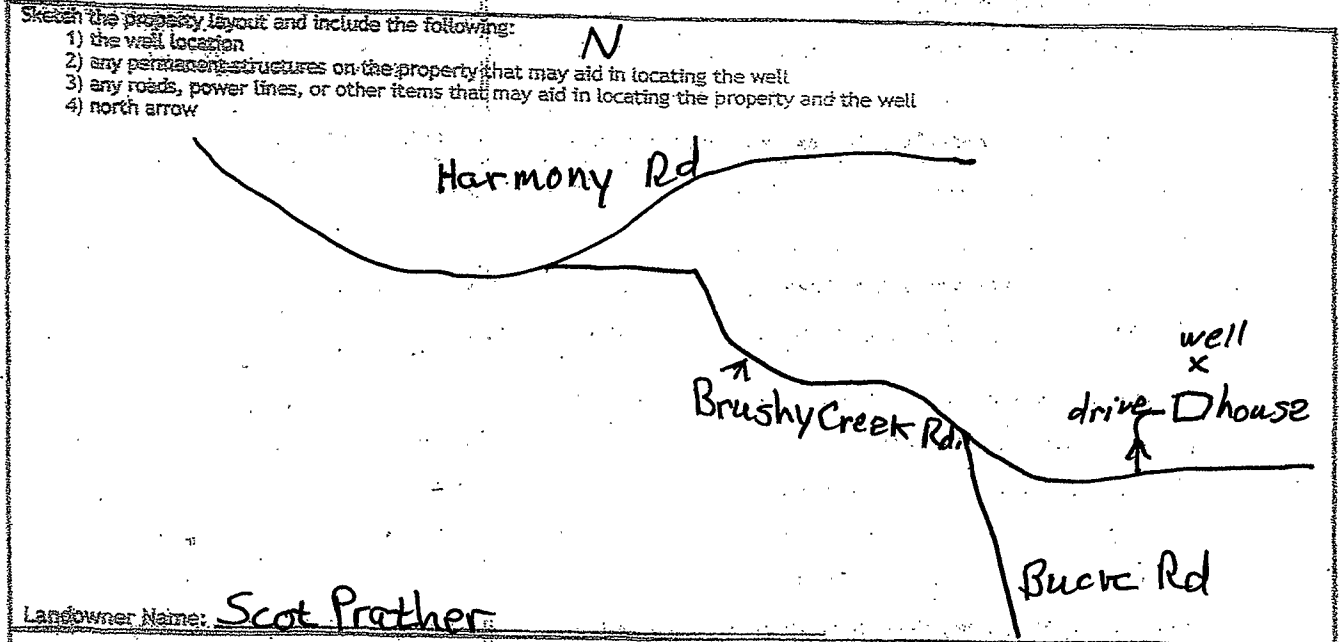
*If well telescopes, show depths on sketch*



*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)
red clay	Ground level	4
gray clay	4	18
sand	18	75
white clay	75	115
blue clay	115	120
sand	120	126
blue clay	126	128

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



Landowner Name: Scot Prother

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.

BRIAN D. McCLENDON UMR-00000664  
 Print Name of Responsible Licensee and License No.

6-29-15  
 Date

Brian McCleendon  
 Signature of Licensee