

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: T25
Aquifer:
E-Log #:

County: Copiah

Permit #:
Greenn Water Well &
Driller: SUPPLY, INC.

Date drilling completed: 10/4/13

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: Ray Warren
Mailing Address: 3771 Allred Dr
Wesson MS 39191
Telephone No. (601) 835-1235
Well or Borehole Location
Latitude: 31° 44.312 Longitude: 90° 34.517
Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4, Sec 14 T 9N R 6E
12 Miles E of Wesson

Well / Borehole Data
Date drilling started: 10/4/13 Date drilling completed: 10/4/13 Hole depth: 335 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): Poultry Houses
If a flowing well, method of flow regulation: Valve, Other (describe):
Static Water Level: 128 feet [above or below] land surface Date measured: 10/4/13
Method of measurement (circle one): Steel tape, Electric tape, Air line, Other (describe):
Well depth: 320 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement, Bentonite, Mix
Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 280 feet to 320 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

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: Copiah
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 11-1-13
Copy information from block on Part 1

For Office Use Only:

Well #: 125
 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>Ray Warren</u>	Latitude: <u>31°44.317</u> Longitude: <u>90°34.517</u>
Mailing Address: <u>3771 Allred Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Wesson MS 39191</u>	<u>SW 1/4 SW 1/4, Sec 14 T 9N R 6E</u>
City State Zip Code	<u>12</u> Miles <u>E</u> of <u>Wesson</u>
Telephone No. <u>(601) 835-1235</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-1-13 Rated Pump Capacity: 55 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: 7.5 Setting Depth: 225 feet Number of Stages: 22

Pump Test Data for Non Flowing Well

Date Well Tested: 11-1-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 128 Feet Below Land Surface Pumping Water Level (B): 149 Feet Below Land Surface

Drawdown [(B) - (A)]: 21 Feet Below Land Surface Test Pumping Rate: 55 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 RPO-00000801 11-1-13 Michael Kees

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