

# 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)

County: <u>Covington</u>
Permit #: <u>GW 16865</u>
Driller: <u>Griner Drilling Service</u>
Date drilling completed: <u>2-14-11</u>

<b>For Office Use Only:</b>	
Well #: <u>L-45</u>	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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Williams Pipeline</u>	Latitude: <u>31 34' 48.22" N</u> Longitude: <u>89 25' 00.68W</u>
Mailing Address: <u>421 Salt Dome Road</u>	Method of Lat/Long (check one): <u>31-34-50</u> <u>89-24-49</u> Conventional Survey _____
City: <u>Seminary</u> State: <u>MS</u> Zip Code: <u>39479</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>SW 1/4 SW 1/4, Sec 9 / T 7N / R 14W</u> Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Put logs from WTB.  
 8/11/11  
 8-28-15

Well / Borehole Data
Date drilling started: <u>1-25-11</u> Date drilling completed: <u>2-20-11</u> Hole depth: <u>500'</u> Hole diameter: <u>30"</u>
Location of the source of any surface water used for drilling: <u>SW Jones</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): <u>Griner Drilling Service, Inc</u>
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply Irrigation Fish Culture
Other (describe): <u>'Bound Side' - Location</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>163</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>2-26-11</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape Air line Other (describe): _____
Well depth: <u>400'</u> Well grouted to a depth of: <u>315'</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>315</u> feet Casing diameter: <u>24</u> inches Type of casing: <u>A 53</u>
Screen length: <u>70</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>304 Rod Base</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>330'</u> feet to <u>400</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>0</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

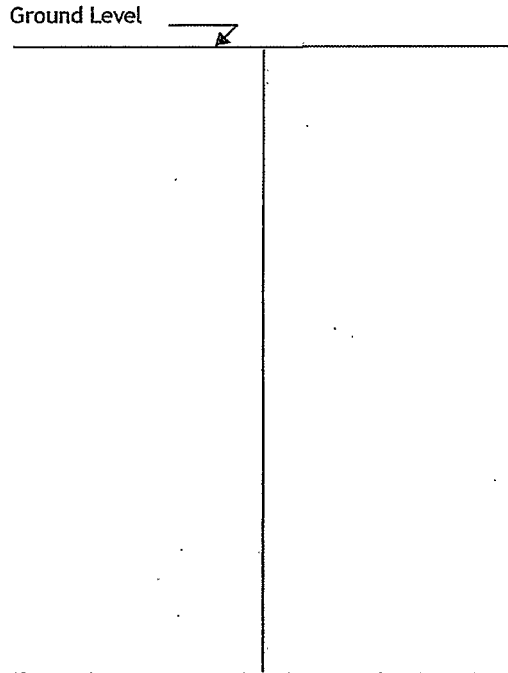
7/14

County: Covington  
Permit #: GW 16865

**For Office Use Only:**  
Well #: L-45

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)
top soil- Sand	Ground level	160
Clay	160	340
Sand	330	400

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

Google Earth Attached

Landowner Name: Williams Pipeline

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.

Charles H. Griner 8-12-11 Charles Griner  
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 #: L-45  
 Aquifer: \_\_\_\_\_

County: Covington  
 Permit #: GW 16865  
 Driller: Griner Drilling  
 Date completed: May 2011  
*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>Williams Pipeline</u>	Latitude: <u>31 34' 48.22"N</u> Longitude: <u>89 25' 00.68"</u>
Mailing Address: <u>421 Salt Dome Road</u>	Method of Lat/Long (check one): <u>50</u> Conventional Survey <u>24-49</u>
Seminary MS 39479	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4</u> , Sec <u>9</u> T <u>7N</u> R <u>14W</u>
Telephone No. ( <u>601</u> ) <u>722</u> <u>3935</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5-1-11 Rated Pump Capacity: 800 1000 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement Well pump 800-1500 gpm They requested 1000 gpm

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 150 Setting Depth: 320 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-8-11 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 163 Feet Below Land Surface Pumping Water Level (B): 280 Feet Below Land Surface

Drawdown [(B) - (A)]: 117 Feet Below Land Surface Test Pumping Rate: 800 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: NA 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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer Charles Griner