

# 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: Covington  
Permit #: MS-GW-16869  
Driller: Griner Drilling Service  
Date drilling completed: 2-26-11

### For Office Use Only:

Well #: L46  
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)	Well or Borehole Location
Owner Name: <u>Williams Pipeline</u>	Latitude: <u>31 36' 14.24"N</u> Longitude: <u>89 25' 31.24"W</u>
Mailing Address: <u>421 Salt Dome Road</u>	Method of Lat/Long (check one): Conventional Survey <u>27.24 36.83</u>
<u>Seminary</u> MS <u>39479</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> <u>NE</u> <u>NW</u> <u>SE</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> Sec <u>5</u> T <u>7N</u> R <u>14W</u>
Telephone No. (601) <u>722-3935</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2-6-11</u> Date drilling completed: <u>2-26-11</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>Shrinker Station Location</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>237</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>380</u> Well grouted to a depth of: <u>300</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>300</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>310</u> feet to <u>380</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>



# 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 #: L46

Aquifer: \_\_\_\_\_

County: Covington  
Permit #: GW 16869  
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° 36' 14.24" N</u>	Longitude: <u>89° 25' 31.21" W</u>
Mailing Address: <u>421 Salt Dome Road</u>			Method of Lat/Long (check one): <u>27.24</u> <u>36.83</u> Conventional Survey _____	
Seminary MS 39479			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City	State	Zip Code	<u>NE</u> <u>1/4</u> <u>N1/2</u> <u>1/4</u> , Sec <u>5</u> T <u>7N</u> R <u>14W</u>	
Telephone No. <u>(601) 722-3935</u>			Miles _____ of _____ (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>4-5-11</u>	Rated Pump Capacity: <u>800</u> <u>1000</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement <u>will pump 800-1500 gpm they requested 1000 gpm</u>	
Power Type (circle one)	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>150</u>	Setting Depth: <u>260</u> feet Number of Stages: <u>7</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>5-5-11</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>156</u> Feet Below Land Surface	Pumping Water Level (B): <u>208</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface	Test Pumping Rate: <u>800</u> Gallons Per Minute
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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: <u>NA</u>	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): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<b>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.</b>	

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)	Signature of Pump Installer: <u>Charles Griner</u>
Date	