

# 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)

County: Franklin  
Permit #: \_\_\_\_\_  
Driller: GREEN WATER WELL & SUPPLY, INC.  
Date drilling completed: 5-1-15

**For Office Use Only:**  
Well #: D34  
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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Ida Ruth Coleman</u></p> <p>Mailing Address: <u>2542 Fifteen Mile Creek Rd</u> <u>Meadville MS 39653</u> City State Zip Code</p> <p>Telephone No. <u>(601) 384-2193</u></p>	<p>Well or Borehole Location <u>31 34 19 90 47 35</u></p> <p>Latitude: <u>31° 34.333</u> Longitude: <u>90° 47.586</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>NW 1/4 SE 1/4</u>, Sec <u>15</u> T <u>7N</u> R <u>4E</u></p> <p><u>4.5</u> Miles <u>N</u> of <u>Eddiceton</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 5-1-15 Date drilling completed: 5-1-15 Hole depth: 152 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  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: 125 feet [above or  below] land surface Date measured: 5-1-15  
(circle one)

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

Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 140 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 140 feet to 150 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*

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

RECEIVED

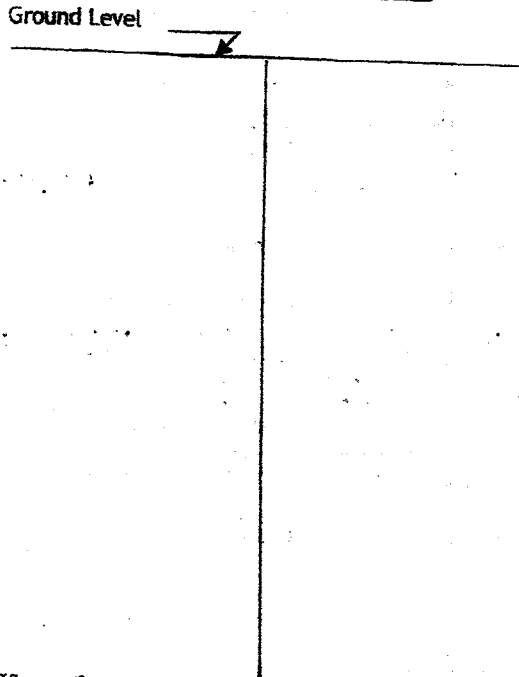
BY OLWR

County: Franklin  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: D

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*



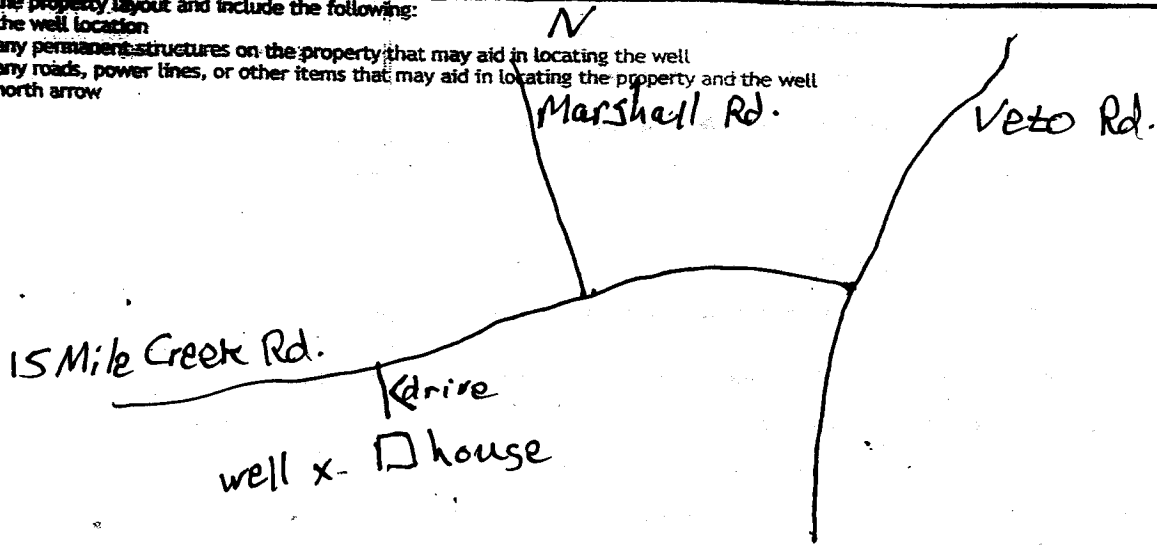
*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	9
sand	9	14
red clay	14	19
sand & gravel	19	34
white clay	34	82
sand & gravel	82	152

*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



Landowner Name: Ida Ruth Coleman

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 UNR-00000664 5-5-15 Brian McCleendon  
 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)

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 5-8-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: D34  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Ida Ruth Coleman</u>                  Mailing Address: <u>2542 Fifteen Mile Creek Rd</u>  <u>Meadville MS 39653</u>                  City State Zip Code                  Telephone No. (601) <u>384-2193</u></p>	<p>31 37 19 Well Location <u>90 47 35</u>                  Latitude: <u>31° 34.333</u> Longitude: <u>90° 47.586</u>                  Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>NW 1/4 SE 1/4, Sec 15 T 7N R 4E</u>  <u>4.5</u> Miles <u>N</u> of <u>Eddickton</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: \_\_\_\_\_ 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: 145 feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-8-15 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 125 Feet Below Land Surface Pumping Water Level (B): 129 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 4 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 5-8-15 M.W.K.  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer