County: Franklin	_
Permit #: GRENN WATER WELL &	
Driller: SUPPLY, INC.  Date drilling completed: 10/14	_ לוד

# 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 #: 252			
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 or Borehole Location Well Owner Information (Landowner if borehole is not for a water well)

(Landowner if borehole is not for a water well)	Latitude: 31035.222 Longitude: 900 38.815		
Owner Name: Kevin Wastor	Method of Lat/Long (check one): Conventional Survey.		
Mailing Address: 5175 Chataw	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Brokhaven, Ms. 39601	NE 14 Stat/4, Sec 7 T 7N R 6E		
City State Zip code	5 Miles S of Lucien		
Telephone No. ( <u>601</u> ) <u>669-6712</u>	(Distance) (Direction) (Nearest Town)		
Well / B	prehole Data		
	10/14/13 Hole depth: 104 Hole diameter: 7"		
Location of the source of any surface water used for drilling			
Method of dosing and volume of Chlorine used in drilling a	nd development: Mudpix gravelpack		
Logs run (circle all applicable): No log run Electric Gamm			
Name of organization running log(s):			
Purpose of borehole (circle one): Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other	(describe)		
If drilling is not related to water well c	onstruction, 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: 62 feet [above or below (circle one)	. 1/. >		
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):		
Well depth: 100 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 90 feet Casing diameter: 4 inches Type of casing:			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PK			
Screen slot size: 1010 inches Setting depth	: From <u>GO</u> feet to <u>IOO</u> 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	range (in the contract of the		
If telescoped or more than	one screen, describe on next page  Form: OLWR-SWR-1A (4/13)		

-90,442 31.583

County: Frank I'N Permit #:			i i	fice Use Only:
			Well #:	
The sketch below only required for	r water wells	Description of formation	s encountered must	be provided for all well
If well telescopes, show depths on s	sketch.	and boreholes, unless spe	ecifically exempted b	y regulations
Ground Level		Description of Formations E		(depth) To (depth)
		streaky		und level 15
		sandt grav	15	· · · · · · · · · · · · · · · · · · ·
· <b> </b>		Vallous Cla		
		Tellow Cla	7 10	0 104
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* * <b>•</b>				
		9		
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	4			
1				
If more than one screen, show location o				
	1			
ketch the property layout and include th 1) the well location 2) any permanent structures on the p 3) any roads, power lines, or other it 4) north arrow	roperty that may	aid in locating the well in locating the property and the	well	
4) Hordi artow	: '	well hous		
	chai	an Raa Adri	ve	zetus Rd.
		Raa		
Shucktown	1	-	1	
Rd >	-1			
Ros				
	:		ca	lcote Rd
andowner Name: Kevin	Wact			
HEREBY CERTIFY that the well/borel equirements of the Mississippi Depart applicable, and state laws.	hole was drilled, tment of Enviror	, constructed, and completed nmental Quality and the Missi	in accordance with ssippi Department o	all applicable f Health regulations,
RIAN D. McCLENDON UNR-	00000664	12/11/12 R-	11/4	-0, Na
rint Name of Responsible Licensee a		10/14/1/2 +\)II	Signature of Lice	rensee
				n: OLWR-SWR-1A (4/13

### STATE WELL REPORT

# County: \_ Permit #: Driller: GRENN WATER WELL & SUPPLY, INC. Date completed:

## 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

For Office Use Only:			
Well #:	E52		
Aquifer:			

	Copy information from block on Part 1 (6	501)961-5210 ) 360-0535 (fax)			
	This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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: Kevan WACTOR	Latitude: 31°35, 222 Longitude: 90°38, 81.5			
	Mailing Address: 5175 Chactaw Rd	Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS			
	Brookhaven M3 3601 City State Zip Code	NE 1/4 SW 1/4, Sec 7 T 7 M R 6E			
	Telephone No. (601) 669-6712	Solution   Miles   Solution   October   Continue   Mearest Town   Continue   Mearest Town   Solution   Mearest Town   Solution   Mearest Town   Solution   Mearest Town   Solution   Mearest Town   Mea			
	Pump Typ	pe (circle one)			
$\Box$	Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
	Date Pump Installed: 10-15-13 Rated Pump Capacity: Gallons Per Minute				
	Is This Pump (circle one): New Repaired Replacement				
		pe (circle one)			
4	Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
	Horse Power Rating of Motor: 1/2 Setting Depth: 87 feet Number of Stages: 9				
	Pump Test Data for Non Flowing Well				
	Date Well Tested: 10-15-13 Duration of Pump Test (minimum 4 hours): 4 hours				
	Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
	Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
`	Method of measurement (circle one): Steel tape (Electric ta	<del></del>			
		ta for Flowing Well			
	Measured shut in head:feet.				
	Well yieldedGPM with a drawdown of	feet afterhours of pumping			
	Meter I	nstallation			
	Meter Manufacturer:	Meter Serial Number:			
	Meter Model Number/Name:	Type of Meter:			
	Installation Date: Meter installed by:				
	Is This Meter (circle one): New Repaired Replaceme	int and the same of the same o			
	Important: By submitting the above information you are ce For agricultural wells, a list of app	rtifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.			
Γ	I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge. /			
	MICHAEL W. KEES RPO-0000801  Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer			

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