ounty: Franklin	E WELL REPORT	For Office Use Only:
	Part 1 Drillor's Log	
GRENN WATER WELL & Mississippi Der	Driller's Log partment of Environmental Quality	Well #: <u>E53</u>
riller: SUPPLY, INC. Office of	of Land and Water Resources	Aquifer:
ate drilling completed: 4/23/14 Ja	P.O. Box 2309 ackson, MS 39225-2309	E-Log #:
	(601)961-5210 (601)360-0535 (fax)	L
State I am requires that this are set to be it		
State Law requires that this report be prepared by Department at the above address within 30 days of	the license holder responsible for the self of the sel	he work and filed with the
Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 31° 32.24 Lor	ngitude: 90° 43.443
wher Name: <u>Rutch Griffin</u>	- 13	ې: Conventional Survey
ailing Address: 2134 Heplewhite		
	USGS quad, Hand-held G	iPS <u>, Survey-grade</u> GPS
McCall Creek, Ms. 39648 State Zip Cod	Sh 1/4 NE 1/4, Sec_	29TIN RSE
		McCall Creek
elephone No. (601) 384-0803	(Distance) (Direction)	(Nearest Town)
Wall	/ Borehole Data	
ate drilling started: <u>4-25-1</u> Hate drilling comple		
Jace unders comple		
cation of the course of any surface and any surface and any surface of any surface and sur	·····	
	_	4- 1 ⁴
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wethod of dosing and volume of Chlorine used in drilling ogs run (circle all applicable) Iso run Electric G ame of organization running log(s):	ing and development: Mulpit iamma Ray Density Sonic Neutron ichnical/Geological Investigation her (describe) construction, skip the remainder rial Public Supply Irrigation Other (describe) Other (describe) Other (describe) inches Type of grout (circle one): 	on Other: Ground Source Heat Pump r of this block Fish Culture d: <u>4-23-14</u> : Neat Cement Bentonite Mix casing: <u>PVC</u> screen: <u>PVC</u>
wethod of dosing and volume of Chlorine used in drilling ogs run (circle all applicable) Iso run Electric organization running log(s): Iso run urpose of borehole (circle one): Water Well Geote Seismic Survey Urpose of Well (circle all applicable) Home Industriation Industriation ther (describe):	ing and development: Mulpit iamma Ray Density Sonic Neutro ichnical/Geological Investigation her (describe) cell construction, skip the remainder rial Public Supply Irrigation Other (describe) construction other (describe) construction of grout (circle one): feet Type of grout (circle one): feet Type of grout (circle one): finches Type of pth: From 2222 feet to	on Other: Ground Source Heat Pump r of this block Fish Culture d: 4-23-14 : Neat Cement Bentonite Mix casing: PVC screen: PVC feet
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County: Franklin	
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Permit #: _

For Office Use Only:

Well #: <u>E53</u>

The sketch below only required for water wells

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

f well telescopes, show depths on sketch.	unu vorenoies, uniess specificaus exemp	iea vy regulatio	
Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
3			
	red sand	30	45
	gravelt sand	45	95
	white clay	95	160
	Mixed clay (blue turning	160	195
	streaky	195	250
	sand	25	340
i li at			
		· · ·	
more than one screen, show location of each on sket			
 2) any permanent structures on the property that r 3) any roads, power lines, or other items that may 4) north arrow 	المنبح مطفله ممني مسمم مستحم مستحمم والمتعادية	town R	
			Very Salom D
· · · · · · · · · · · · · · · · · · ·			ð í
84 Hur	e e		D L
andowner Name: <u>Butch Griff</u>	'n		
HEREBY CERTIFY that the well/borehole was dr equirements of the Mississippi Department of Er applicable, and state laws.	illed, constructed, and completed in accordant invironmental Quality and the Mississippi Depart	ce with all app tment of Healt	licable h regulation
RIAN D. MCCLENDON UNR-00000664		19 Cleno	lon
rint Name of Responsible Licensee and License	No. Date Signatu	Form: OI W	

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

County: FESSILLis Part 2 Permit #:	
Permit #:	
SUPPLY, INC. UPPLY, INC.]
Copy information from block on Part 1 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax) Aquifer:	
Copy information from block on Part 1 (601)961-5210 (601) 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 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed water well contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed by a licensed water well contractor or a licensed pump installer. A copy of Part well Contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of Part well contractor or a licensed pump installer. A copy of well completed by a licensed water well contractor or a licensed pump installer. A copy of well completed by a licensed water well contractor or a licensed pump installer. A copy of well completed by a licensed water well contractor or a licensed pump installer. A copy of well completed by a licensed water well contractor or a licensed pump installer. A copy of well completed by a licensed water well contractor or a licensed pump installer. A copy of well completed by a licensed water well contractor or a licensed pump installer. A copy of well completed by a licensed pump installer. A copy of well completed by a	t 1 letion.
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Well Owner Information Well Owner Information Well Contriction Well Location Well Location Latitude: 31°32,211 Longitude: 90°43,40 Latitude: 31°32,211 Longitude: 90°43,40 Latitude: 31°32,211 Longitude: 90°43,40 Method of Lat/Long (check one): Conventional Survey_ USGS quad, Hand-held GPS K, Survey-grade GPS_ NW NE 4, Sec 29 37 NI R.S State Zip Code Miles NILD of WCall CASE	t] letion.
Well Downer Information Well Location Well Location Well Location Latitude: 31°32,211 Longitude: 90° 43,44 Latitude: 31°32,211 Longitude: 90° 43,44 Latitude: 31°32,211 Longitude: 90° 43,44 Method of Lat/Long (check one): Conventional Survey_ USGS quad, Hand-held GPS_K, Survey-grade GPS_ NW NE 4, Sec 29 ³² T TNI R.S Miles NILD of WCall CASE	
Address:	
2134 Apple white Rd MCAIL CREEK MS 39648 State Zip Code June Miles NILD of MCAILCREEK	43
MCALL CREEK MS 39640 State Zip Code 3 Miles NIL of MCALL CREEK	,
ity State Zip Code 3 Miles NIL of MCOLLC NY	
Miles NID of Wy Call C NASY	E
elephone No. (a) 589-0803 (Distance) (Direction) (Nearest Town)	
Pump Type (circle one)	
somersible Jurbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	
ate Pump Installed: <u>4-25-14</u> Rated Pump Capacity: <u>10</u> Gallons Per M	Minute
This Pump (circle one): New Repaired Replacement	
Power Type (circle one)	
ectric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	
orse Power Rating of Motor:	
Pump Test Data for Non Flowing Well	
ate Well Tested: <u>4-25-14</u> Duration of Pump Test (<i>minimum 4 hours</i>): <u>4</u> h	
Tatic Water Level (A): 210 Feet Below Land Surface Pumping Water Level (B): 214 Feet Below Land Surface	ırface
rawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:C Gallons Per Mi	linute
ethod of measurement (circle one): Steel tape Electric tape Air line Other (describe):	
Pump Test Data for Flowing Well	
easured shut in head:feet.	
ell yielded GPM with a drawdown of feet afterhours of pumping	
Meter Installation	
eter Manufacturer: Meter Serial Number: Rece	
eter Model Number/Name: Type of Meter:	IVC
Ditalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): MAY 13	201
stallation Date: Meter installed by:	
This Meter (circle one): New Repaired Replacement BY O	ΓŴ
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standar	
For agricultural wells, a list of approved meters is on the MDEQ website.	ras.
HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
ICHAEL W. KEES RPO-00000801 4-25-14 Mind - 10-	
TICHAEL W. REES RPO-00000801 $4-25-14$ $11/6$ $1-79$ Tint Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer	

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