

# 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: Franklin  
Permit #: \_\_\_\_\_  
Driller: Green Water Well & Supply  
Date drilling completed: 7-3-17

**For Office Use Only:**

Well #: E58  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

RECEIVED  
AUG 03 2017  
BY OLWR

*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>Katie Godsmith</u>	Latitude: <u>31.5561</u> Longitude: <u>-90.7196</u>
Mailing Address: _____	<u>31-33-23</u> <u>90-43-11</u> Method of Lat/Long (check one): Conventional Survey _____
<u>631 Old CC Rd.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>McCall Creek MS 39647</u>	<u>NE SE 1/4 SE 1/4, Sec 20 T 7N R 4E</u>
City _____ State _____ Zip Code _____	<u>2 1/2</u> Miles <u>N</u> of <u>McCall Creek</u>
Telephone No. <u>(601) 757-3794</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-29-17 Date drilling completed: 7-3-17 Hole depth: 300 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: mud pit + 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: 195 feet [above or  below] land surface Date measured: 7-3-17  
(circle one)

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

Well depth: 290 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 280 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 \_\_\_\_\_ feet to \_\_\_\_\_ 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

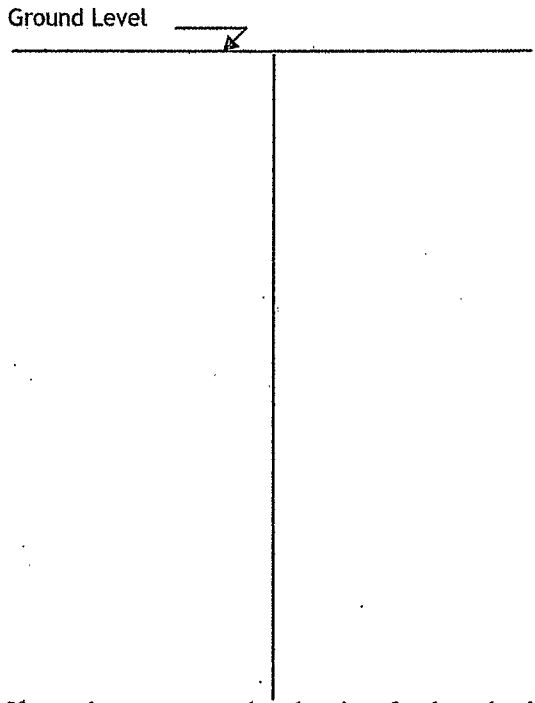
*If telescoped or more than one screen, describe on next page*

County: FRANKLIN  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: E58

The sketch below only required for water wells

If well telescopes, show depths on sketch.



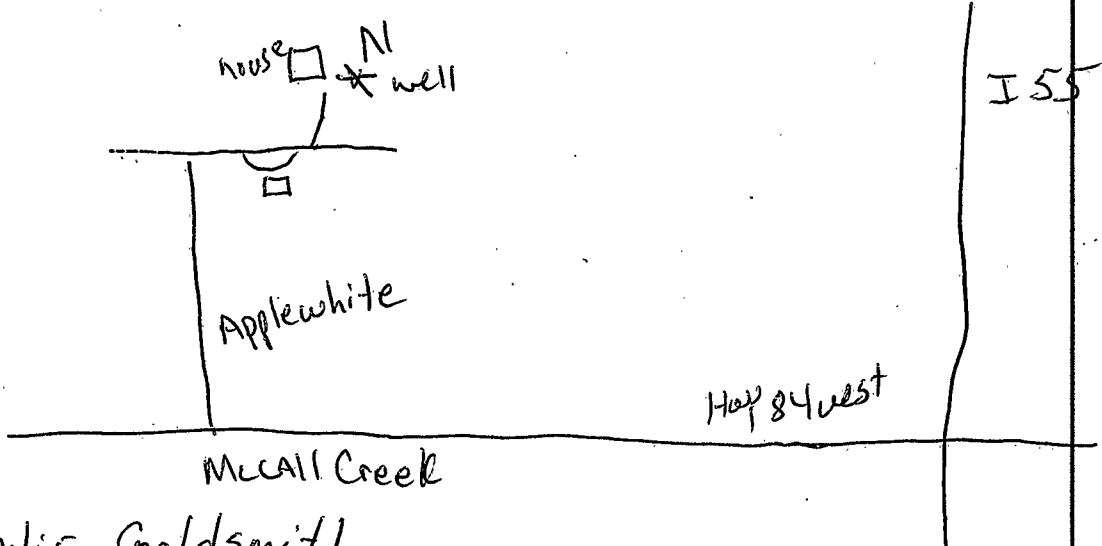
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Sand + Gravel	0	70
Yellow Clay	70	82
Blue Clay	82	90
Sand	90	96
white Clay	96	140
Sand	140	150
Yellow Clay	150	159
Sand streaks	159	175
Sand	175	290

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: Katie Goldsmith

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.

Michael W Kees 7737 7-3-17 Michael W Kees  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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AUG 03 2017

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: GREENN WATER WELL & SUPPLY, INC.  
Date completed: 7-5-17  
*Copy information from block on Part 1*

For Office Use Only  
Well #: ES8  
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.

Well Owner Information		31-33-22 Well Location	90-43-11
Owner Name:	<u>Katie Goldsmith</u>	Latitude:	<u>31.5561</u> Longitude: <u>-90.7196</u>
Mailing Address:	_____	Method of Lat/Long (check one):	Conventional Survey _____
	<u>631 Old CC Rd</u>	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
	<u>McCall Creek MS 39647</u>	<u>NESE 1/4 SE 1/4 Sec 20 T 7N R 5E SE</u>	
City:	State	Zip Code	
Telephone No. (601)	<u>757-3794</u>		
	<u>2 1/2</u> Miles (Distance)	<u>N</u> (Direction)	of <u>McCall Creek</u> (Nearest Town)

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

Date Pump Installed: 7-5-17 Rated Pump Capacity: 10 GPM 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 1/2 Setting Depth: 225 feet Number of Stages: 21

Pump Test Data for Non Flowing Well

Date Well Tested: 7-5-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 195 Feet Below Land Surface Pumping Water Level (B): 205 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 10 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 UNR-00007737 7-5-17 Michael W. Kees

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer