

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 #: L60
Aquifer: _____
E-Log #: _____

County: Franklin

Permit #: _____

Driller: GREENN WATER WELL & SUPPLY, INC.

Date drilling completed: 3-26-15

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)	31 27 27 Well or Borehole Location 90 2 74
Owner Name: <u>Mike Coulatre</u>	Latitude: <u>31° 27.451</u> Longitude: <u>90° 2.748</u>
Mailing Address: <u>237 Devon Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LaPlace</u> <u>LA</u> <u>70068</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec. <u>30</u> T. <u>6N</u> R. <u>5E</u>
Telephone No. <u>(985) 212-0883</u>	<u>3.5</u> Miles <u>SE</u> of <u>Roxie</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>3-26-15</u>	Date drilling completed: <u>3-26-15</u> Hole depth: <u>180</u> Hole diameter: <u>7</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>mudpit to gravel pack</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> 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 Industrial Public Supply Irrigation Fish Culture	
Other (describe): <u>hunting camp</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>37</u> feet (above or below) land surface (circle one) Date measured: <u>3-26-15</u>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape _____ Air line _____ Other (describe) _____	
Well depth: <u>176</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite _____ Mix _____	
Casing length: <u>166</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>166</u> feet to <u>176</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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

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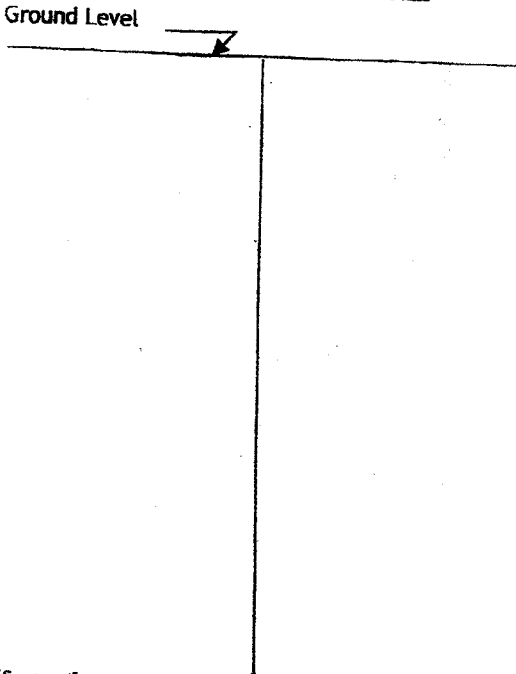
MAR 29 2015

BY: J. ROSE

County: Franklin
 Permit #: _____

For Office Use Only:
 Well #: _____

*The sketch below only required for water wells
 If well telescopes, show depths on sketch.*



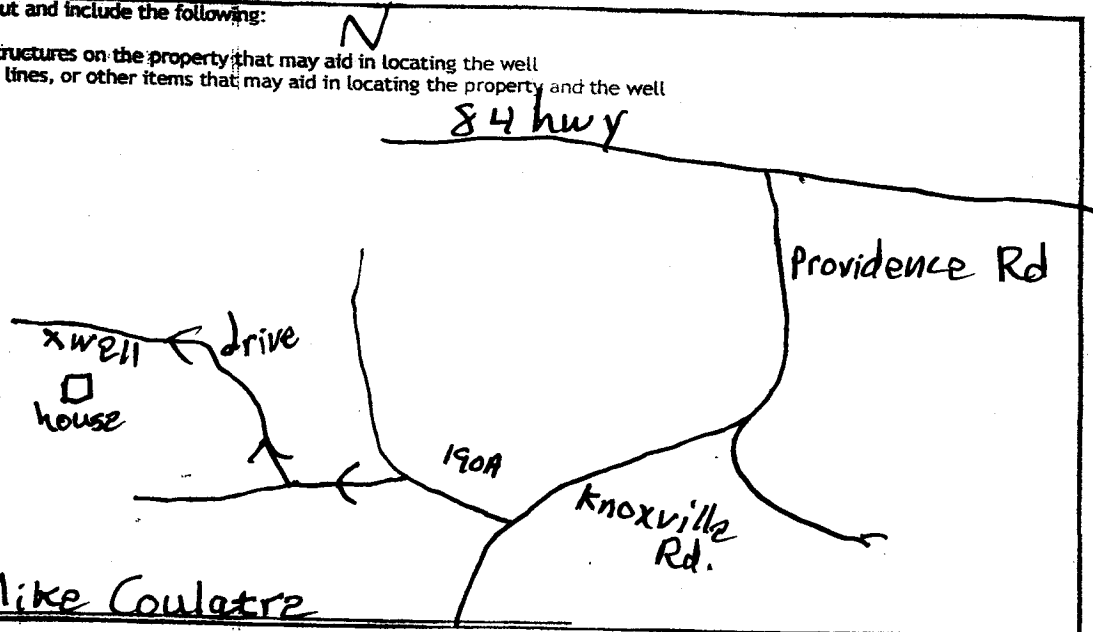
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	6
sand w/ clay streaks	6	60
white clay	60	85
blue clay	85	120
sand	120	180

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: Mike Coultr

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. McLENDON UNR-00000664
 Print Name of Responsible Licensee and License No.

3-26-15
 Date

Brian McLendon
 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: 3-27-15
Copy information from block on Part 1

For Office Use Only:
Well #: 460
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	Well Location
Owner Name: <u>Mike Coulatre</u>	Latitude: <u>31° 27.451</u> Longitude: <u>90° 2.748</u>
Mailing Address: <u>237 Devon Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>LaPlace</u> <u>LA</u> <u>70068</u> City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>39</u> T. <u>6N</u> R. <u>5E</u> <u>3.5</u> Miles <u>SE</u> of <u>Roxie</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(985) 212-0883</u>	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 3-27-15 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: 1/2 Setting Depth: 70 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
Date Well Tested: 3-27-15 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 37 Feet Below Land Surface Pumping Water Level (B): 41 Feet Below Land Surface
Drawdown [(B) - (A)]: 4 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 RPO-00000801 3-27-15 Michael Kees BY: OLWR
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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APR 20 2015