

# 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, INC.  
Date drilling completed: 9-1-15

**For Office Use Only:**

Well #: P136  
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><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Charles Brady</u> Mailing Address: <u>13097 Hwy 98</u> <u>Smith Dale, Ms.</u> City State Zip Code Telephone No. <u>(985) 351-1974</u></p>	<p>Well or Borehole Location <u>90 43 19</u> Latitude: <u>31° 21.695</u> Longitude: <u>90° 43.317</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE</u> 1/4 <u>NE</u> 1/4, Sec. <u>32</u> T. <u>5N</u> R. <u>5E</u> <u>11</u> Miles <u>SW</u> of <u>McCall Creek</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 9-1-15 Date drilling completed: 9-1-15 Hole depth: 140 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: 109 feet [above or  below] land surface Date measured: 9-1-15  
(circle one)  
Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
Well depth: 136 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
Casing length: 126 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: 1010 inches Setting depth: From 126 feet to 136 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)  
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SEP 28 2015  
BY: OLWR



# 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: GREEN WATER WELL & SUPPLY, INC.  
 Date completed: 9-2-15  
Copy information from block on Part 1

**For Office Use Only:**

Well #: P134  
 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>Charles Brady</u>		<u>31 21 41</u>	<u>90 43 19</u>
Mailing Address: _____ <u>13097 Hwy 98</u>		Latitude: <u>31° 21' 41" N</u>	Longitude: <u>90° 43' 19" W</u>
<u>Smithdale</u> MS		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
City _____ State _____ Zip Code _____		<u>NE 1/4 NE 1/4, Sec 32 T.5N R.5E</u>	
Telephone No. <u>(985) 351-1974</u>		<u>11</u> Miles <u>SW</u> of <u>MICALL CREEK</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-2-15 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: 3/4 Setting Depth: 135 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-2-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 109 Feet Below Land Surface Pumping Water Level (B): 119 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 RPO-00000801 9-2-15 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer