

# STATE WELL REPORT

270

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date drilling completed: 8-16-2021

**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)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: U139  
 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 Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Alton Keller</u>	Latitude: <u>31° 0' 23.38" N</u> Longitude: <u>88° 28' 18.40" W</u>
Mailing Address: <u>787 Flournoy Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec. <u>34</u> T <u>T1N</u> R <u>R5W</u>
Telephone No. (251) <u>510-8022</u>	<u>9</u> Miles <u>NE</u> of <u>Lucedale</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-16-2021 Date drilling completed: 8-16-2021 Hole depth: 153' 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: \_\_\_\_\_

Logs run (check all applicable): ☒ Log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check 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 (check 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: 108' feet ☐ above or ☒ below land surface Date measured: 8-17-2021  
 (check one)

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

Well depth: 153' Well grouted to a depth of: 12' feet Type of grout (check one) ☐ Neat Cement ☐ Bentonite ☒ Mix

Casing length: 143' feet Casing diameter: 4" inches Type of casing: PVC 540 BE

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC WOP

Screen slot size: .006 inches Setting depth: From 143' feet to 153' feet

Type of completion (check 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*

Permit #: \_\_\_\_\_

**For Office Use Only:**

Well #: \_\_\_\_\_

*The sketch below only required for water wells*

If well telescopes, show depths on sketch.

Ground Level

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

[illegible]

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

A hand-drawn map of a farm. On the left, there is a square labeled 'Barn'. On the right, there is a square labeled 'House'. A horizontal line runs across the middle. Below the line, in the center, is a square with an 'X' inside, labeled 'well'.

# Drive

Drive Way

Flournoy Road

RECEIVED  
AUG 23 2021  
BY OLWR

Landowner Name: Alton Keller

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 S. Howard 0-673  
Print Name of Responsible Licensee and License No.

8-19-2021  
Date

Signature of Licensee

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

# 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)

### For Office Use Only:

Well #: U139  
Aquifer: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Michael S. Havard  
Date completed: 8-16-2021  
*Copy information from block on Part 1*

*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>Alton Keller</u>			Latitude: <u>31°0'23.38"N</u> Longitude: <u>88°28'18.40"W</u>	
Mailing Address: <u>787 Flournoy Road</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Lucedale</u>	<u>MS</u>	<u>39452</u>	<u>SW</u> 1/4 <u>NE</u> 1/4, Sec <u>34</u> T <u>T1N</u> R <u>R5W</u>	
City	State	Zip Code	<u>9</u> Miles <u>NE</u> of <u>Lucedale</u>	
Telephone No. (251) <u>510-8022</u>			(Distance) (Direction) (Nearest Town)	

**Pump Type (check one)**  
Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
Date Pump Installed: 8-16-2021 Rated Pump Capacity: 19 Gallons Per Minute  
Is This Pump (check one): ☒ New ☐ Repaired ☐ Replacement

**Power Type (check one)**  
Electric ☒ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 1.5 Setting Depth: 120' feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 8-16-2021 Duration of Pump Test (minimum 4 hours): 4.2 hours  
Static Water Level (A): 108 Feet Below Land Surface Pumping Water Level (B): 115 Feet Below Land Surface  
Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 18 Gallons Per Minute  
Method of measurement (check 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 (check 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 S. Havard 0-673 8-19-2021 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

# Alton Keller

Well Depth 153'  
Static Level 108'  
Pump Depth 123'

## Legend



Greenforest Nursery

Alton Keller

