

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

#### For Office Use Only:

Well #: H165  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Grenada  
Permit #: \_\_\_\_\_  
Driller: W. Bryant  
Date drilling completed: 9-17-17

*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>Roy D. Watts Jr.</u>	Latitude: <u>33° 48.13' N</u> Longitude: <u>089° 47.53' W</u>
Mailing Address: <u>4675 Sweethome Rd.</u>	<u>33-48-08</u> <u>89-47-32</u> Method of Lat/Long (check one): Conventional Survey _____
<u>Grenada</u> <u>MS</u> <u>38901</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec <u>5</u> T <u>22</u> N R <u>5</u> E
Telephone No. <u>(662) 417-8031</u>	<u>3</u> Miles <u>W</u> of <u>Grenada</u> (Distance) (Direction) (Nearest Town) <u>US 61 mouse Lodge Rd.</u>

Well / Borehole Data
Date drilling started: <u>9-17-17</u> Date drilling completed: <u>9-17-17</u> Hole depth: <u>280'</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>Nearby ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorine Tablets</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>None</u>
Name of organization running log(s): _____
Purpose of borehole (check one) <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): <u>livestock</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>81</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>9-23-17</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>water level meter</u>
Well depth: <u>280'</u> Well grouted to a depth of: <u>17</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>240</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch-40 PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>240'</u> feet to <u>280'</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>0</u> feet
<i>If telescoped or more than one screen, describe on next page</i>



# 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 #: H1651

Aquifer: \_\_\_\_\_

County: Grenada  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date completed: 9-23-17  
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>Roy D. Watts Jr.</u>	Latitude: <u>33°48.13' N</u> Longitude: <u>089°47.53' W</u>
Mailing Address: <u>4675 Sweet Home Rd.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Grenada</u> MS <u>38901</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4, Sec 5 T22N R5E</u>
Telephone No. <u>(662) 417-8031</u>	<u>3</u> Miles <u>W</u> of <u>Grenada</u>
	(Distance) (Direction) (Nearest Town)
	<u>680 mouse/judge Rd.</u>

**Pump Type (check one)**

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

Date Pump Installed: 9-23-17 Rated Pump Capacity: 10 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: 2 Setting Depth: 160 feet Number of Stages: 20

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-23-17 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 81' Feet Below Land Surface Pumping Water Level (B): 84' Feet Below Land Surface

Drawdown [(B) - (A)]: 83' Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): water level meter

**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: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): OCT 23 2017

Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR

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.

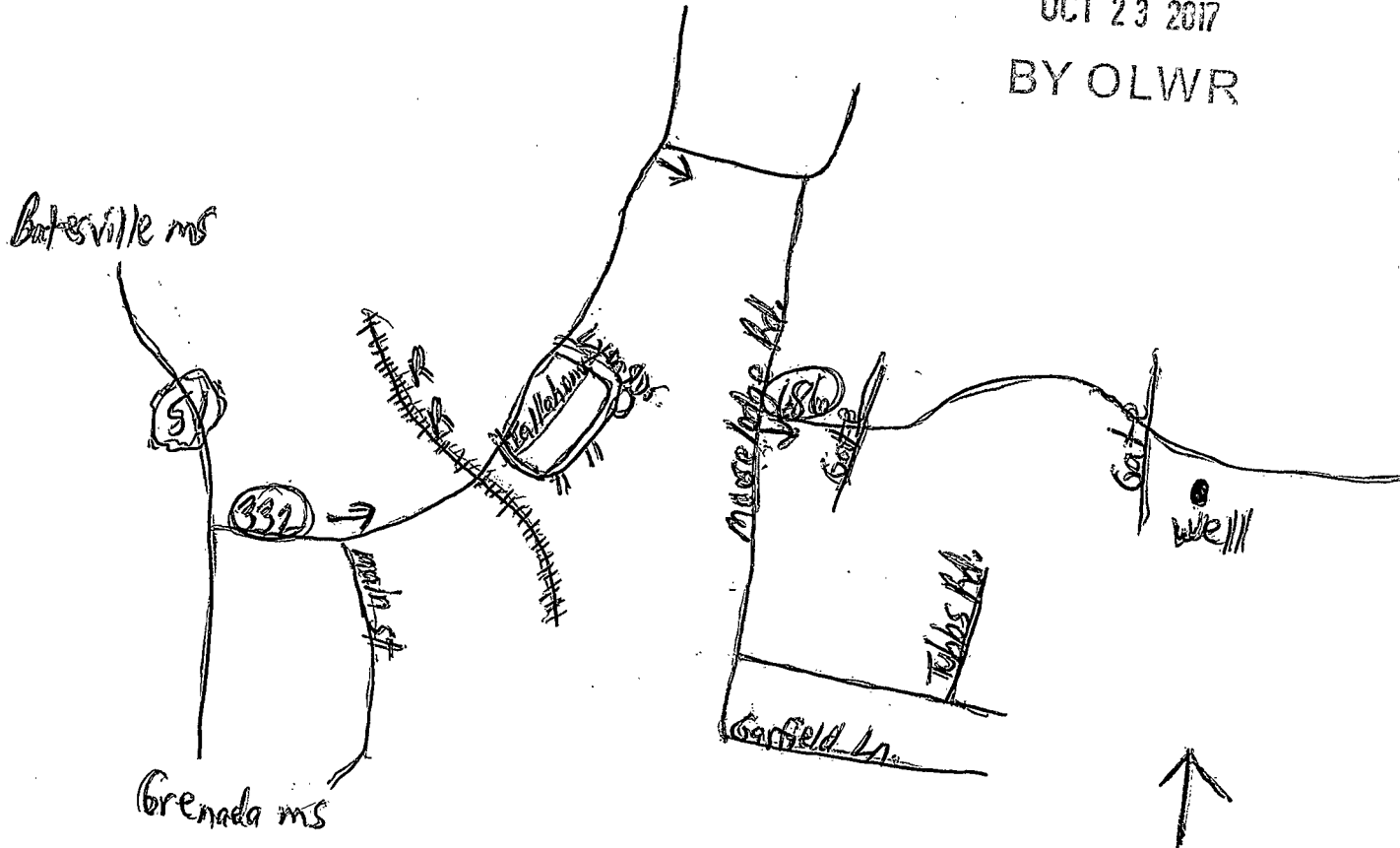
Willie L. Bryant 0-639 10-1-17 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

H165  
Grenada Co.

Bryant Well & Pump Service  
3435 Harry Black Rd.  
Clarksdale, Ms 38614

well for Roy D. Watts  
3 miles W of Grenada, ms  
686 Moose Lodge Rd.

RECEIVED  
OCT 23 2017  
BY OLWR





1000 ft

Legend

Untitled Placemark

686 Moose Lodge Rd

Untitled Placemark

686  
686

Google Earth

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