

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: U65  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Hinds  
Permit #: \_\_\_\_\_  
Driller: GREENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 7-26-13

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Jeff Hicks</u>	Latitude: <u>32° 3' 25"</u> Longitude: <u>90° 24' 95"</u>
Mailing Address: <u>136 Knight's bridge Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Madison, MS 39110</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 32 Twn 3N Rng 2W</u>
Telephone No. <u>(601) 209-5431</u>	<u>NW SW 33</u>
	Distance Direction Nearest Town
	<u>5 Miles NW of Crystal Springs</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>7-26-13</u> Date well drilling completed: <u>7-26-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>84</u> feet above or below (circle one) land surface Date measured: <u>7-26-13</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>217</u> Well depth: <u>210</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>190</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</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>190</u> feet to <u>210</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
GREENN WATER WELL & SUPPLY, INC. BRIAN D. McCLENDON, UNR-00000664	<u>Brian McCleendon</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED  
BY: \_\_\_\_\_



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

County: Hinds  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date completed: 9-20-13  
**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>Jeff Hicks</u>	Latitude: <u>32°30.25</u> Longitude: <u>90°24.951</u>
Mailing Address: <u>136 Knights bridge DR</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Madison</u> MS <u>39110</u>	USGS quad <u>SE ¼ SE ¼, Sec. 32 T. 3N R. 2W.</u>
City State Zip Code	<u>5</u> Miles <u>NW</u> of <u>Crystal Springs</u>
Telephone No. <u>(601) 209-5431</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-20-13 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: 105 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-20-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 84 Feet Below Land Surface Pumping Water Level (B): 89 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 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 9-20-13 Michael W. Kees  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer