

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 #: **H148**
Aquifer: _____
E-Log #: _____

County: Jefferson Davis
Permit #: **MS-GW-17308**
Driller: Griner Drilling Service
Date drilling completed: 3-20-19

RECEIVED
10-10-2019
BY OLWR

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Lily Rose Water Association</u>	Latitude: <u>31°29'39.11"N</u> Longitude: <u>89°53'43.05"W</u>
Mailing Address: <u>PO BOX 1042</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>1705 Columbia Avenue</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Prentiss</u> MS <u>39474</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>10</u> T <u>06N</u> R <u>19W</u>
City State Zip Code	<u>7</u> Miles <u>south</u> of <u>Prentiss</u>
Telephone No. (<u>601</u>) <u>792-8699</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2-1-19</u> Date drilling completed: <u>3-20-19</u> Hole depth: <u>426</u> Hole diameter: <u>17"</u>
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): <input type="checkbox"/> log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>Griner Drilling Service Inc.</u>
Purpose of borehole (check one): Water Well <input checked="" 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 checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>191.58</u> feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: <u>April 30th 2019</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>380'</u> Well grouted to a depth of: <u>320'</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>320'</u> feet Casing diameter: <u>12 3/4"</u> inches Type of casing: <u>A-53B</u>
Screen length: <u>50'</u> feet Screen diameter: <u>8"</u> inches Type of screen: <u>Rod Base</u>
Screen slot size: <u>0.0020</u> inches Setting depth: From <u>330</u> feet to <u>380</u> feet
Type of completion (check 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: <u>270</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Jefferson Davis
 Permit #: MS-GW-17308



For Office Use Only:
 Well #: H148

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

See Attached Drawing

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)
	Ground level	
Pea Gravel and Clay	0	60.56
Sand and Clay	60.56	186.81
Sand	186.81	218.34
Sand and Pea Gravel	218.3	249.41
Sand	249.41	311.17
Sand and Gravel	311.17	342.63
Sand	342.63	372.98
Gravel and Clay	372.98	403.82
Clay and Rock and Clay	403.82	423.82

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

See Attached Photo

Landowner Name: _____

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.

Charles H. Griner 0-184 10/10/19 Charles H. Griner
 Print Name of Responsible Licensee and License No. Date 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)

For Office Use Only:

Well #: **H148**
 Aquifer: _____

County: Jefferson Davis
 Permit #: **MS-GW-17308**
 Driller: Griner Drilling Service
 Date completed: Oct 2019
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>Lily Rose Water Association</u>	Latitude: <u>31°29'39.11"N</u> Longitude: <u>89°53'43.05"W</u>
Mailing Address: <u>PO BOX 1042</u> <u>1705 Columbia Avenue</u>	Method of Lat/Long (check one): Conventional Survey_____, USGS quad_____, Hand-held GPS_____, Survey-grade GPS_____ _____ ¼ _____ ¼, Sec _____ T _____ R _____
Prentiss MS 39474 City State Zip Code	<u>7</u> Miles <u>south</u> of <u>Prentiss</u> (Distance) (Direction) (Nearest Town)
Telephone No. (<u>601</u>) <u>792-8699</u>	

Pump Type (check one)

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

Date Pump Installed: July 10th 2019 Rated Pump Capacity: 300 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: 30 Setting Depth: _____ feet Number of Stages: 6

Pump Test Data for Non Flowing Well

Date Well Tested: April 30th 2019 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 191.58 Feet Below Land Surface Pumping Water Level (B): 226.94 Feet Below Land Surface

Drawdown [(B) - (A)]: 35.36 Feet Below Land Surface Test Pumping Rate: 302 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: Water Specialities Meter Serial Number: _____

Meter Model Number/Name: ML04 Type of Meter: Propeller Meter

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

Installation Date: _____ Meter installed by: Greenbriar

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.

Charles H. Griner 10-9-19 Charles H. Griner
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

H148 Jefferson Davis Co.
MS-GW-173098

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10-10-2019
BY OLWR

Untitled Map
Write a description for your map.

Legend
Lily Rose Well



Google Earth

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300 ft