County: Jefferson
Permit #:
GRENN WATER WELL &
Date drilling completed: 12-2/-/5

## STATE WELL REPORT

## Part 1

Driller's Log Mississippi Department of Environmental Quality

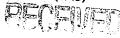
Office of Land and Water Resources P.O. Box 2309 (601)961-5210

For Office Use Only: Well #: 6 39	
Aquifer:	
E-Log #:	

Jackson, MS 39225-2309 (601)360-0535 (fax) 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 or Borehole Location 90 54 Well Owner Information (Landowner if borehole is not for a water well) 27. 260 Longitude: 90 Owner Name: Kimberly Occutt Method of Lat/Long (check one): Conventional Survey\_ Mailing Address: USGS quad (Nearest Town) (Direction) Telephone No. (601) 597-325 (Distance) Well / Borehole Data Date drilling started: 12-21-15 Tate drilling completed: 12-21-15 Hole depth: 102 Hole diameter: Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Mudfitt grave Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Name of organization running log(s): Purpose of borehole (circle one): Water Well OGeotechnical/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 Static Water Level: 48 Date measured: 12-21-/ feet [above or below] land surface (circle one) Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement (Bentonite Mix Casing length: Casing diameter: inches Type of casing: Screen length: \_ Screen diameter: Type of screen: \_ Screen slot size: \_\_\_\_\_\_\_inches Setting depth: From \_ Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing:

If telescoped or more than one screen, describe on next page

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



## STATE WELL REPORT

## County: JEfferson Permit #: Driller: GRENN WATER WELL & SUPPLY, INC Date completed:

Copy information from block on Part

Print Name of Pump Installer and License No. (if applicable)

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 Tise C	nly:
well #: 6 39	
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 1260 Longitude: 90°54.378 Owner Name: 14 Method of Lat/Long (check one): Conventional Survey Mailing Address: \_\_, Hand-held GPS\_\_\_\_\_\_, Survey-grade GPS\_ USGS quad\_\_\_ 1/4 NE 1/4, Sec 33 T 8 N State Zip Code of UNION رث بن (Nearest Town) (Direction) (Distance) Telephone No. (60) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Gallons Per Minute Rated Pump Capacity: \_\_\_ Date Pump installed: Replacement New) Repaired Is This Pump (circle one): Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): feet Number of Stages: Setting Depth: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: Pumping Water Level (B): 56 Feet Below Land Surface Feet Below Land Surface Static Water Level (A): Gallons Per Minute Test Pumping Rate: \_ Feet Below Land Surface Drawdown [(B) - (A)]: Exectric tape Air line Other (describe): Method of measurement (circle one): Steel tape Pump Test Data for Flowing Well feet. Measured shut in head: hours of pumping GPM with a drawdown of Well yielded Meter Installation Meter Serial Number: Meter Manufacturer: \_ Type of Meter:\_ Meter Model Number/Name: \_ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):\_ Meter installed by: Installation Date: 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. RPO-00000801 MICHAEL W. KEES Signature of Pump Installer

Date

Form: OLWRESWR918