

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 #: N22
L. S. Elevation: _____
E-log #: _____

County: JEFFERSON
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 7/31/13

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>Rogers King</u>	Latitude: <u>31° 39.874"</u> Longitude: <u>90° 8.092"</u>
Mailing Address: <u>210 Gitchrist</u>	Method of Lat/Long (circle one): <u>CS</u> Conventional Survey, <u>53</u> 91 CS
<u>Fayette</u> MS <u>39069</u>	USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>28</u> Twn <u>8N</u> Rng <u>1E</u>
Telephone No. <u>(601) 597-1328</u>	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Stamper</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-31-13 Date well drilling completed: 7-31-13

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 126 feet above or below (circle one) land surface Date measured: 7-31-13

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 144 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 130 feet to 140 feet

Type of completion (circle all applicable): Gravel packed 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): No log run 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.

GRENN WATER WELL & SUPPLY, INC.
BRIAN D. MCCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. Brian McClendon
Signature of Water Well Contractor

RECEIVED
BY: [unclear]
DATE: [unclear]

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)

County: Jefferson
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 10-11-13
Copy information from block on Part 1

For Office Use Only:

Well #: N22
 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	Well Location
Owner Name: <u>Rogers King</u>	Latitude: <u>31°39.874</u> Longitude: <u>90° 8.082</u>
Mailing Address: <u>210 Gilchrist</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Fayette</u> MS <u>39069</u>	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>28</u> T <u>8N</u> R <u>1E</u>
City State Zip Code	<u>3</u> Miles <u>N</u> of <u>Stampery</u>
Telephone No. <u>(601) 597-1328</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-11-13 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: 1/2 Setting Depth: 139 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 10-11-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 126 Feet Below Land Surface Pumping Water Level (B): 131 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 11-1-13 Michael W. Kees

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