

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 #: **L0342**
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: **MS-GW-17209**
Driller: Eric Joiner
Date drilling completed: 03-09-16

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>Greenwood Utilities</u>	Latitude: <u>N33 31` 59`</u> Longitude: <u>W90 13 22</u>
Mailing Address: _____ <u>101 Wright Pl</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenwood</u> MS <u>38930</u>	SW ¼ SW ¼, Sec 05 T 19N R 01E
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>453-7234</u>	

Well / Borehole Data
Date drilling started: <u>12-05-15</u> Date drilling completed: <u>03-09-16</u> Hole depth: <u>954</u> Hole diameter: <u>12.25"</u>
Location of the source of any surface water used for drilling: <u>Fire hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>5 gal bucket</u>
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>Layne Christensen Company</u>
Purpose of borehole (check one): Water Well <input type="checkbox"/> <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 <u>N/A</u> Other (describe) _____
Static Water Level: <u>16</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>3-9-16</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>865</u> Well grouted to a depth of: <u>820</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>820</u> feet Casing diameter: <u>18</u> inches Type of casing: <u>Steel</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>SS</u>
Screen slot size: <u>.025</u> inches Setting depth: From <u>825</u> feet to <u>865</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____
Top of lap pipe or reduction in casing: <u>764</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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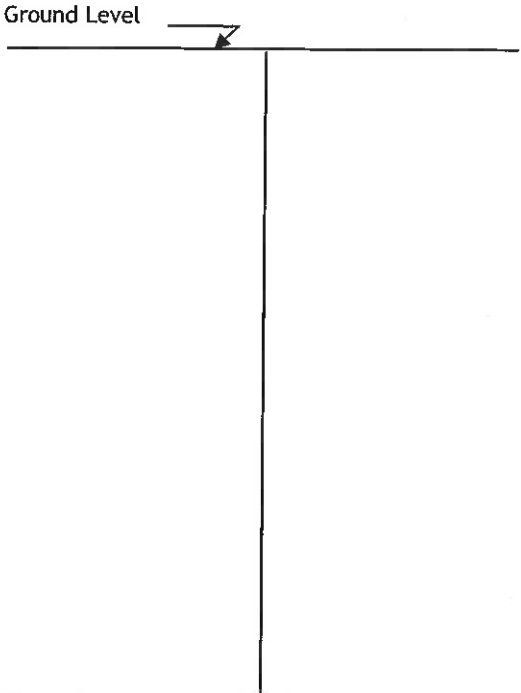
County: Leflore
 Permit #: MS-GW-17209

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For Office Use Only:
 Well #: L0342

The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
See attached	Ground level	


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

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.

Eric Joiner 7-13-2016  _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

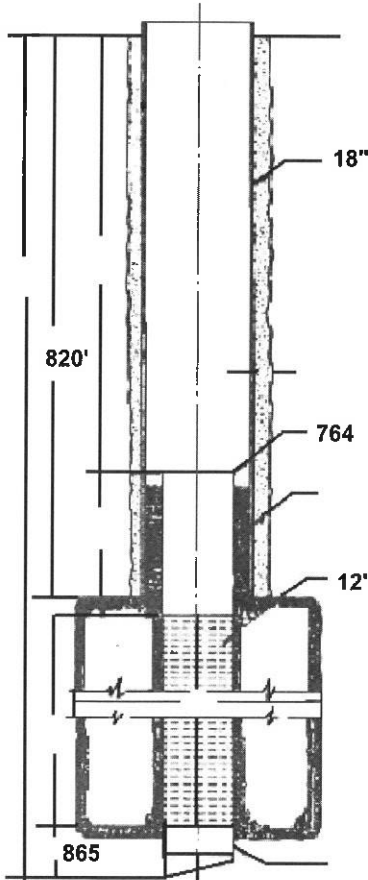
L0342
MS-GW-17209



WELL INSTALLATION



LOG OF WELL FOR **Greenwood Utilities** WELL NO. _____
 ADDRESS (CITY) _____ (COUNTY) **Leflore** STATE **MS**
 LOCATION OF WELL **Greenwood Utilities** MADE IN TEST HOLE NO. _____



CONTRACT NO. _____
 STARTED WELL **12/10/2015** COMPLETED WELL **03/09/2016**
 TOTAL DEPTH **865** ELEVATION _____ STATIC WATER LEVEL **16**

ALL MEASUREMENTS TAKEN FROM
 GROUND TOP OF FOUNDATION TOP OF CASING TOP BASE PLATE
 SURFACE CASING SIZE **24** LENGTH **294** THICKNESS _____
 T & C WELDED
 CEMENTED WITH **Neat portlan** SACKS CEMENT OR PACKER TYPE _____
 WELL CASING SIZE **18** LENGTH **820** WEIGHT _____
 T & C WELDED
 CEMENTED WITH **Neat portlan** SACKS CEMENT OR PACKER TYPE _____

INNER CASING SIZE **12** LENGTH **102** TYPE MATERIAL **Stainless**
 T & C WELDED
 WITH _____ X _____ (GUIDES LOCATED) **770, 870** TYPE BACKOFF **LH Thread**

SIZE SEAL _____ BACKPRESSURE VALVE YES NO SIZE _____ LENGTH GUIDE _____
 WELL STRAINER MAKE **Johnson** TYPE **Stainless** SIZE **12** LENGTH **40**
 OPENING **0.025** TYPE MATERIAL **Wire wrapped** WITH _____ CONNECTIONS _____

SIZE HOLE DRILLED FOR SURFACE CASING **29** WITH **Hole opener** BIT
 SIZE HOLE DRILLED FOR WELL CASING **23** WITH **Hole opener** BIT
 SIZE HOLE DRILLED FOR STRAINER **24** WITH **Underreamer** REAMER
 YARDS GRAVEL USED **12** HOW PLACED **Tremmie** TYPE **12/20**

HOW WAS WELL DEVELOPED **Swab and airlift, Test pump** SAND? _____ CLEAR? _____
 FOUNDATION INSTALLED YES NO DEPTH FEELING LINE/RODS _____ TOP OF WELL _____

NOTES: _____
 RIG USED **2057** SUPERINTENDENT **Rip Collins** DRILLER **Eric Joiner**

L0342
MS-GW-17209



DRILLED FOR **Greenwood Utilities** DATE _____

LOCATION **2016 Well**

OF SECTION _____ TS _____ R _____ COUNTY **Leflore**

TOTAL DEPTH	EACH STRATUM	FORMATION	TOTAL DEPTH	EACH STRATUM	FORMATION
0	34	Clay			
34	42	Fine Sand			
42	67	Medium Sand			
67	107	Coarse Sand & Pea Gravel			
107	115	Clay & Sand Streaks			
115	138	Sand & Clay			
138	197	Sand			
197	222	Sand & Clay			
222	254	Sand, Clay, & Shale Streaks			
254	259	Sand & Clay			
259	285	Sand			
285	317	Sand & Clay Streaks			
317	349	Sand			
349	378	Sand & Clay Streaks			
378	389	Sand			
389	439	Sand & Shale Streaks			
439	560	Sand & Shale Streaks			
560	562	Sand			
562	605	Sand & Clay Streaks			
605	620	Sand			
620	657	Sand, Clay, & Shale Streaks			
657	740	Sand & Shale Streaks			
740	750	Clay & Shale	DRILLING TIME	_____	HOURS
750	798	Sand & Shale Streaks	DAYS ON JOB	_____	
798	813	Clay & Shale	SIZE TEST HOLE	_____	
813	823	Clay & Sand Streaks	TYPE BIT USED	_____	
823	868	Clay & Sand Streaks	DRILLER	SEAN ROY	
868	872	Clay & Shale	SUPERINTENDENT	A. K. COLLINS	



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: <u>Leflore</u>
Permit #: MS-GW-17209
Driller: <u>Eric Joiner</u>
Date completed: <u>03-09-16</u>
<i>Copy information from block on Part 1</i>

For Office Use Only:
Well #: L0342
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>Greenwood Utilities</u>	Latitude: <u>N33 31' 59</u> Longitude: <u>W90 13 22</u>
Mailing Address: _____ <u>101 Wright Pl</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS ^C _____, Survey-grade GPS _____
<u>Greenwood</u> MS <u>38930</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	_____ Miles _____ of _____
Telephone No. (<u>662</u>) <u>453-7234</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)
Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>7-13-16</u> Rated Pump Capacity: <u>1001</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement

Power Type (check one)
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: <u>75</u> Setting Depth: <u>200</u> feet Number of Stages: <u>4</u>

Pump Test Data for Non Flowing Well
Date Well Tested: <u>4-21-2016</u> Duration of Pump Test (minimum 4 hours): <u>24</u> hours
Static Water Level (A): <u>22</u> Feet Below Land Surface Pumping Water Level (B): <u>51</u> Feet Below Land Surface
Drawdown [(B) - (A)]: 31 29 Feet Below Land Surface Test Pumping Rate: <u>1001</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> 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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
<i>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>

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Eric Joiner	7-13-2016	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer