

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: A 34
Aquifer:
E-Log #:

County: Lincoln
Permit #:
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 4-9-14

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 (Landowner if borehole is not for a water well)
Owner Name: Christie Lea
Mailing Address: 109 Meadowbrook Dr.
Well or Borehole Location
Latitude: 31° 40.750 Longitude: 90° 43.342
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4, Sec. 8 T. 8 N. R. 5 E
4 Miles W of Caseyville

Well / Borehole Data
Date drilling started: 4-9-14 Date drilling completed: 4-9-14 Hole depth: 70 Hole diameter: 7"
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development: Mudpit - gravel pack
Logs run (circle all applicable): No log run
Name of organization running log(s):
Purpose of borehole (circle one): Water Well
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 8 feet [above or below] land surface Date measured: 4-9-14
Method of measurement (circle one): Electric tape
Well depth: 60 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 30 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 10/10 inches Setting depth: From 20 feet to 50 feet
Type of completion (circle all applicable): Gravel packed
Other (describe):
Top of lap pipe or reduction in casing: feet
If telescoped or more than one screen, describe on next page

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

BY: OLWR



# 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: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 4-11-14  
**Copy information from block on Part 1**

**For Office Use Only:**

Well #: A34  
 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>Christie Lea</u>	Latitude: <u>31° 40.730</u> Longitude: <u>90° 43.542</u>
Mailing Address: <u>109 Meadowbrook Dr.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<u>Brookhaven</u> MS <u>39601</u>	USGS quad <u>SW</u> ¼ <u>NE</u> ¼, Sec. <u>8</u> T <u>8N</u> R <u>5E</u>
City State Zip Code	<u>4</u> Miles <u>W</u> of <u>Caseyville</u>
Telephone No. ( <u>764</u> ) <u>218-7644</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-11-14 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: 0.5 Setting Depth: 32 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4-11-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 8 Feet Below Land Surface Pumping Water Level (B): 10 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 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 4-11-14 Michael W. Kees  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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**BY: OLWR**