

# 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 #: B 104  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GREEN WATER WELL & SUPPLY, INC.  
Date drilling completed: 9-25-14

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Randy Engels</u> Mailing Address: <u>22181 Tucker Rd</u></p> <hr/> <p><u>Zachary</u>      <u>LA</u>      <u>70791</u> City                      State                      Zip Code</p> <p>Telephone No. (<u>601</u>) <u>225 681-1506</u></p>	<p style="text-align: center;">Well or Borehole Location <u>31° 36' 47" N 90° 36' 14" W</u> Latitude: <u>31 36.799</u> Longitude: <u>90 36.245</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>SW</u> ¼ <u>SE</u> ¼, Sec <u>33</u> T <u>8N</u> R <u>6E</u></p> <p><u>5</u> Miles <u>SE</u> of <u>Caseyville</u> (Distance)                      (Direction)                      (Nearest Town)</p>
--	---

**Well / Borehole Data**

Date drilling started: 9-25-14 Date drilling completed: 9-25-14 Hole depth: 295 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: mud pit - grave pack

Logs run (circle all applicable):  No log run     Electric     Gamma Ray     Density     Sonic     Neutron    Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one):  Water Well     Geotechnical/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 \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 117 feet [above or below] land surface    Date measured: 9-25-14  
(circle one)

Method of measurement (circle one): Steel tape     Electric tape    Air line    Other (describe) \_\_\_\_\_

Well depth: 282 Well grouted to a depth of: 10 feet    Type of grout (circle one): Neat Cement     Bentonite    Mix

Casing length: 272 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 272 feet to 282 feet

Type of completion (circle all applicable):  Gravel packed     Underreamed     Open hole     Natural Development

Other (describe): \_\_\_\_\_

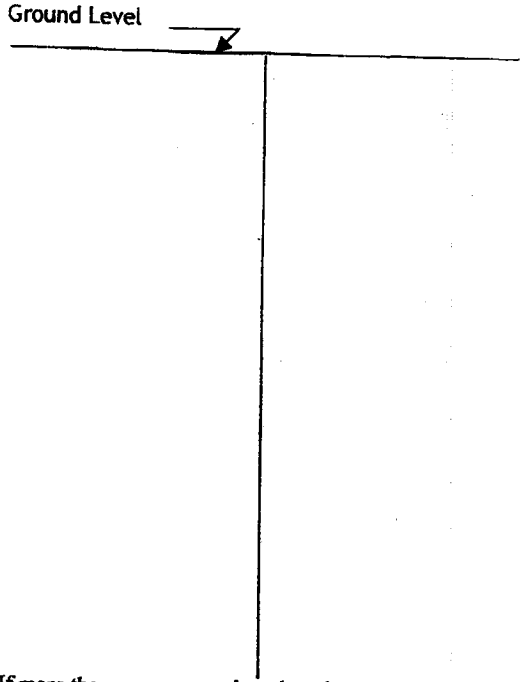
Top of tap pipe or reduction in casing: \_\_\_\_\_ feet

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

County: Lincoln  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

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

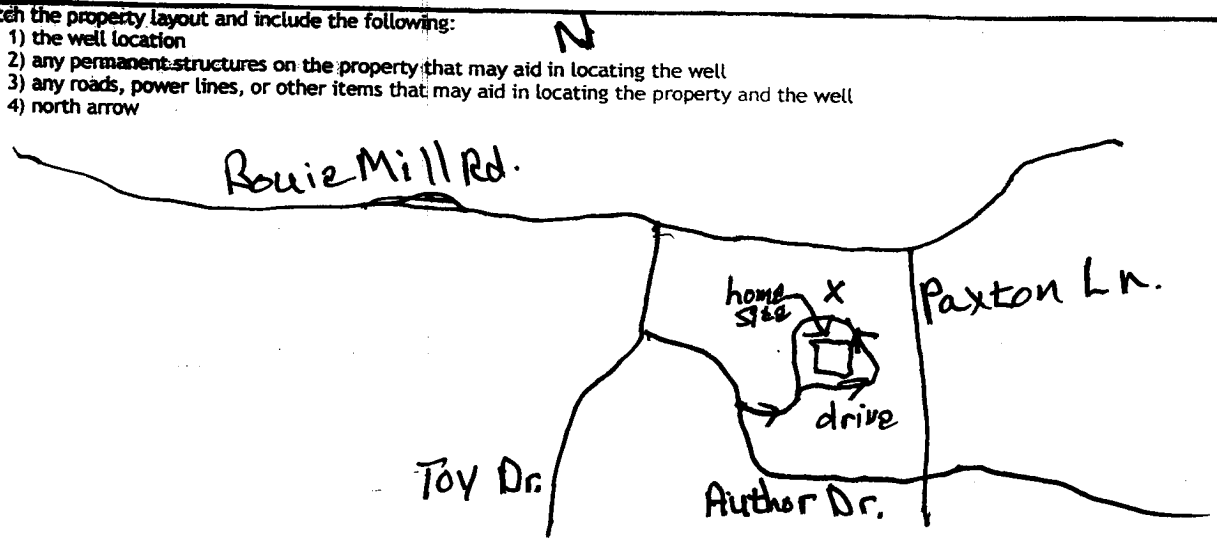


*Description of formations encountered must be provided for all wells  
 and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
sandy red clay	Ground level	20
sand & gravel / clay streaks	20	58
sand / clay streaks	100	133
blue clay	133	240
sand	240	284
white clay	284	295

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: Randy Engels

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.

BRIAN D. McCLENDON UNR-00000664  
 Print Name of Responsible Licensee and License No.

9-25-14  
 Date

Brian McCleendon  
 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)

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 9-26-14  
Copy information from block on Part 1

**For Office Use Only:**

Well #: B104  
 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>Randy Engels</u>	Latitude: <u>31° 36.799</u> Longitude: <u>90° 36.245</u>
Mailing Address: <u>22181 Tucker Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Zachary</u> <u>LA.</u> <u>70791</u>	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>33</u> T <u>8N</u> R <u>6E</u>
City State Zip Code	<u>5</u> Miles <u>SE</u> of <u>CASEVILLE</u>
Telephone No. <u>(225) 681-1506</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-26-14 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: 1 Setting Depth: 140 feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-26-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 117 Feet Below Land Surface Pumping Water Level (B): 121 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 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 9-26-14 Michael Kees

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