

# 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)

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GREENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 2-11-15

For Office Use Only:  
Well #: C103  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Morris Gearing</u> Mailing Address: <u>1930 Duck Ln.</u> <u>Brookhaven, Ms. 39601</u> City State Zip Code Telephone No. <u>(323) 933-2046</u>	<b>Well or Borehole Location</b> <u>31° 37' 56" N 90° 27' 25" W</u> Latitude: <u>31° 37.937</u> Longitude: <u>90° 27.418</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SW 1/4 NE 1/4, Sec 25 T 8 N R 7 E</u> <u>3</u> Miles <u>NW</u> of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)
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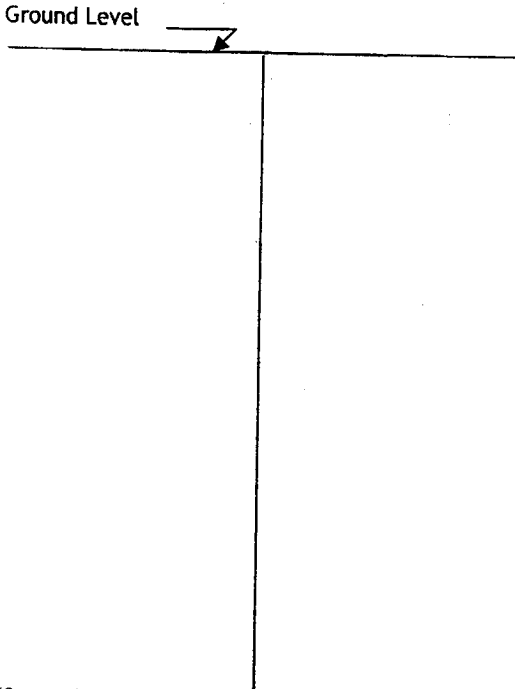
**Well / Borehole Data**  
Date drilling started: 2-11-15 Date drilling completed: 2-11-15 Hole depth: 95 Hole diameter: 7  
Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: Mudpit & gravel pack  
Logs run (circle all applicable): No log run 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: 47 feet [above or (below) land surface Date measured: 2-11-15  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
Well depth: 95 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 85 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 85 feet to 95 feet  
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap 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 #: C103

The sketch below only required for water wells

If well telescopes, show depths on sketch.



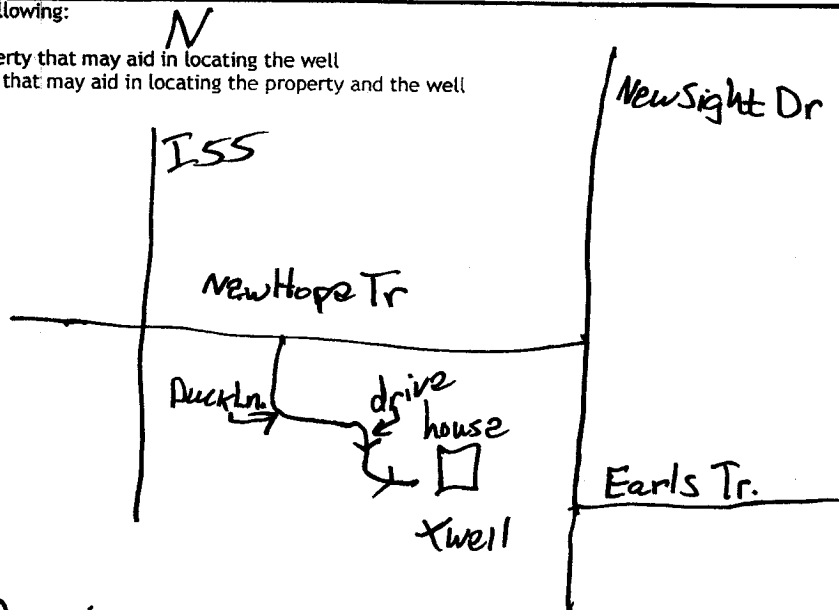
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	22
Streaky	22	45
gravel & sand	45	96
yellow clay	96	100

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

RECEIVED  
 FEB 9 2015  
 BY: OLWR



Landowner Name: Morris Dearing

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 2-11-15 Brian McClendon  
 Print Name of Responsible Licensee and License No. Date 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: 2-13-15  
Copy information from block on Part 1

**For Office Use Only:**

Well #: C103  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Morris Gearing</u>                  Mailing Address: _____  <u>1930 Duck Ln</u>  <u>Brookhaven MS 39601</u>                  City State Zip Code                  Telephone No. (601) <u>933-2046</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p><u>31° 37' 56"</u> Well Location <u>90° 27' 25"</u>                  Latitude: <u>31° 37.937</u> Longitude: <u>90° 27.418</u>                  Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ ✓  <u>SW</u> ¼ <u>NE</u> ¼, Sec <u>25</u> T <u>9N</u> R <u>7E</u>  <u>3</u> Miles <u>NW</u> of <u>Brookhaven</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

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

Date Pump Installed: 2-13-15 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: 70 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-13-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 47 Feet Below Land Surface Pumping Water Level (B): 51 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 taps 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 2-13-15 Michael W. Kees  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer