	STATE WELL REPORT	
 County: LinColN Permit #: GRENN WATER WELL & Driller: SUPPLY, INC. Date drilling completed: 1-16-15	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 U Well #: 6 5 0 Aquifer:
State Law requires that this report Department at the above address w Well Owner Informat (Landowner if borehole is not for	to be prepared by the license holder responsible for the within 30 days of completion of drilling of the well of the well of a water well)	or borehole. ehole Location 94

For Office Use Only: well #: 6503
Aquifer:
E-Log #:

•	1)360-0535 (fax)	RECEIVED		
State Law requires that this report be prepared by the Department at the above address within 30 days of cor	license holder responsible for the work and filed wi	th the		
Well Owner Information	31031 57 Well or Borehole Location 90°	32 /6		
(Landowner if borehole is not for a water well)	Latitude: 3/31.963 Longitude: 90° 32	1.270		
Owner Name: Harold Smith	Method of Lat/Long (check one): Conventional Sur	•		
Mailing Address:	USGS quad, Hand-held GPS_1/_, Survey-grad	l /		
362 Watts Ln.	į daras ir salas sa	- 1		
Brookhaven, Ms. 39601 City State Zip Code	SW 1/4 NE 1/4, Sec 31 T 7N	-		
Telephone No. (601) 833-6214	(Distance) (Direction) (Nearest To			
Тетерлопе No. (<u>Go /</u>) 8.33 62 / 1	(Bitaine) (Bitaine) (rearest is	,		
	Sorehole Data	7		
Date drilling started: 1-16-15 Date drilling completed:				
Location of the source of any surface water used for drilli	_			
Method of dosing and volume of Chlorine used in drilling a	and development: Mudfit gravelp	ack		
Logs run (circle all applicable): No log curì Electric Gamr	ma 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 c	construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Homes Industrial	Public Supply Irrigation Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:65feet [above_or_below] land surface Date measured:1-16-15				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 86 Well grouted to a depth of: feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 4 inches Type of casing: PVC				
Screen length:				
Screen slot size: 1010 inches Setting depth	: From <u>76</u> feet to <u>86</u>	_feet		
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Developm	nent		
Other (describe):				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than	one screen, describe on next page			

Domis #	ln		For Office Use Only:
Permit #:		•	Well #:
The sketch below on	ly required for water wells	Description of formations end	countered must be provided for all
If well telescopes, sh	ow depths on sketch.	and boreholes, unless specific	ally exempted by regulations
Ground Level		Description of Formations Encou	
	<u> </u>	red clay	Ground level 22
		sano	22 72
		Sand & gravel	12 86
		Whiteclay	86 88
			· ·
,			
	i	<u> </u>	
f more than one screen,	show location of each on sketch		
etch the property layou 1) the well location 2) any permanent str	ut and include the following:	id in locating the well a locating the property and the well	
etch the property layou 1) the well location 2) any permanent str 3) any roads, power l	ut and include the following:	id in locating the well to locating the property and the well walls.	SENE OF SERVICE
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1) the well location 2) any permanent str 3) any roads, power 4) north arrow	ut and include the following:	n locating the property and the well	~
1) the well location 2) any permanent str 3) any roads, power (4) north arrow Hodowner Name: H EREBY CERTIFY that	the well/borehole was drilled, ssissippi Department of Frygron	watts Ln. Watts Ln. I house drive	84 Awy
ndowner Name: HeEBY CERTIFY that quirements of the Misapplicable, and state IAN D. McCLEN	arold Smith the well/borehole was drilled, ssissippi Department of Environce laws.	watts Ln. Watts Ln. I house drive	ccordance with all applicable i Department of Health regulation



STATE WELL REPORT

JAN 3 0 2015

County	Line	coln		
Permit	#:	WATER	WELL	<u>&</u>
Date	SUPPLY	WATER	-02	-15

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

For Office Use Only: N	IR
Aquifer:	

	601)961-5210) 360-0535 (fax)			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I				
	Department at the above address within 30 days of well completion.			
Well Owner Information				
Owner Name: Hamld Smith	Latitude: 31.33.177 Longitude: 9037.848			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
362 Watts Ln.	USGS quad, Hand-held GPS, Survey-grade GPS			
Brookhaven, Ms. 39601 City State Zip Code	NE 14 NE 14, Sec 25 T 7N R 7E			
Telephone No. (<u>601</u>) <u>833-6214</u>	3.5 Miles uest of Brokhagene (Distance) (Direction) (Nearest Town)			
Pump Tyl	pe (circle one)			
Submersible urbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed:				
Is This Pump (circle one): New Repaired Replacement				
·	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: Setting Depth: feet Number of Stages:				
Pump Test Data for Non Flowing Well				
	Duration of Pump Test (<i>minimum 4 hours</i>): hours			
	Pumping Water Level (B): 67 Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surf	face Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric ta	ape Air line Other (describe):			
Pump Test Da	ta for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours 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	1 x 1000, etc):			
installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replaceme	ent			
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.				
For nonlandantenal malla a 12-4 ar	erujying that this meter was instanted to manujucturer standards.			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
		1111	
MICHAEL W. KEES RPO-00000801	1-22-15	Mohala ha	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer	

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