

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 #: G563
Aquifer:
E-Log #:

County: Lincoln

Permit #:

DRILLER: GREENN WATER WELL & SUPPLY, INC.

Date drilling completed: 1-16-15

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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.

JAN 30 2015

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Harold Smith
Mailing Address: 362 Watts Ln. Brookhaven, Ms. 39601
Telephone No. (601) 833-6214
Well or Borehole Location 31° 31' 57" Well or Borehole Location 90° 32' 16"
Latitude: 31.5325 Longitude: 90.5378
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4, Sec 31 T 7N R 7E
5 Miles SW of Brookhaven (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 1-16-15 Date drilling completed: 1-16-15 Hole depth: 88 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 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: 65 feet (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: 76 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 76 feet to 86 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



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### 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: 1-22-15  
 Copy information from block on Part 1

For Office Use Only:  
 Well #: 0503  
 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.

<b>Well Owner Information</b>		Well Location <u>31° 33' 57" 90 32 16"</u>
Owner Name: <u>Harold Smith</u>		Latitude: <u>31° 33.177</u> Longitude: <u>90° 27.848</u>
Mailing Address: _____		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>362 Watts Ln.</u>		<u>NE 1/4 NE 1/4, Sec 25 T 7N R 7E</u>
<u>Brookhaven, MS. 39601</u>		<u>3.5</u> Miles <u>west</u> of <u>Brookhaven</u>
City _____ State _____ Zip Code _____		(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 833-6214</u>		

**Pump Type (circle one)**

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

Date Pump Installed: 1-22-15 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: 82 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-22-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 62 Feet Below Land Surface Pumping Water Level (B): 67 Feet Below Land Surface

Drawdown [(B) - (A)]: 05 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 1-22-15 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer