

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 #: G564
Aquifer: _____
E-Log #: _____

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County: Lincoln
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC
Date drilling completed: 1-8-15

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: <u>Michael Redd</u> Mailing Address: <u>73 Eola Tr</u> <u>Brookhaven, Ms. 39601</u> City State Zip Code Telephone No. <u>(225) 405-7469</u>	Well or Borehole Location Latitude: <u>31° 33.177</u> Longitude: <u>90° 27.848</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ USGS quad _____, Sec <u>25</u> T <u>7N</u> R <u>7E</u> <u>3.5</u> Miles <u>west</u> of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)
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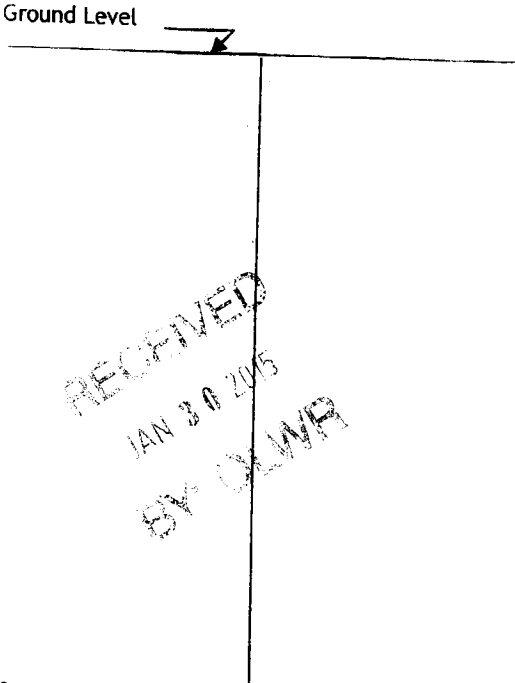
Well / Borehole Data Date drilling started: <u>1-8-15</u> Date drilling completed: <u>1-8-15</u> Hole depth: <u>180</u> Hole diameter: <u>7</u> Location of the source of any surface water used for drilling: _____ Method of dosing and volume of Chlorine used in drilling and development: <u>Mudpit to gravel pack</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>11</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>1-8-15</u> (circle one) Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____ Well depth: <u>177</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>157</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.010</u> inches Setting depth: From <u>157</u> feet to <u>177</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

County: LINCOLN
Permit #: _____

For Office Use Only:
Well #: 6564

The sketch below only required for water wells

If well telescopes, show depths on sketch.



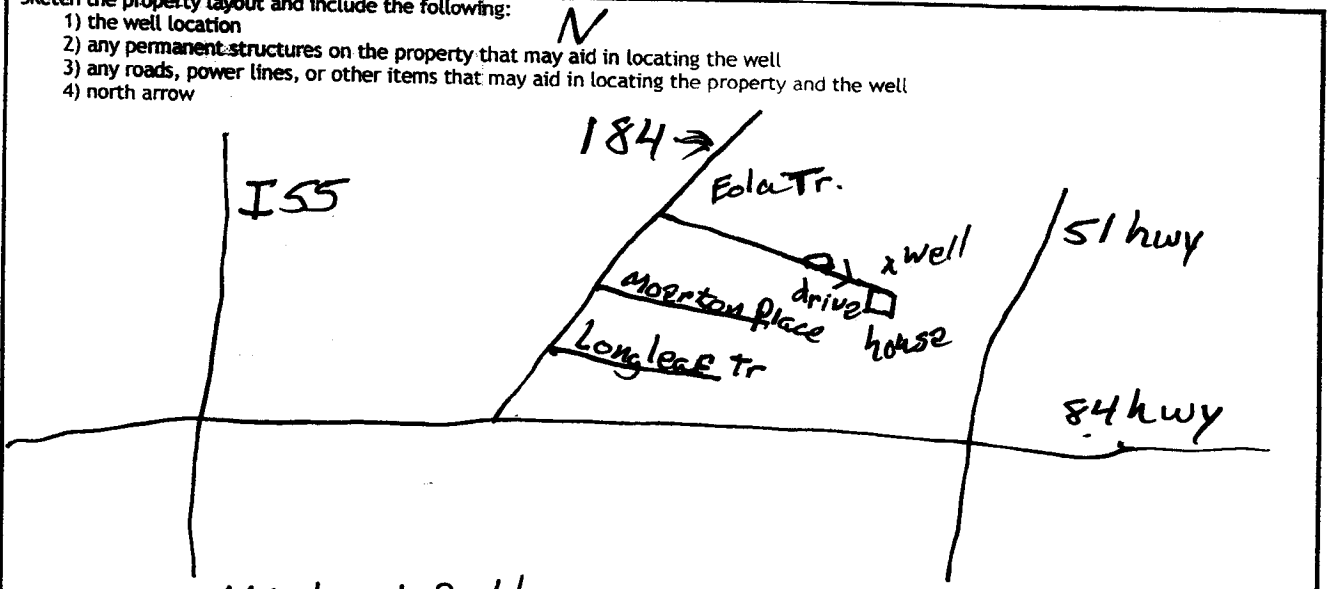
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
STREAKY	Ground level	17
White clay	17	26
blue clay	26	45
white clay	45	62
sand	62	157
sand & pea gravel	157	177
yellow clay	177	180

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: Michael Redd

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.

1-9-15
Date

Brian McCleendon
Signature of Licensee

STATE WELL REPORT

Part 2

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 1-16-15
Copy information from block on Part 1

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)

For Office Use Only:

Well #: G 564
 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>Michael Redd</u>	Latitude: <u>31° 33.177</u> Longitude: <u>90° 27.848</u>
Mailing Address: _____ <u>73 Edla Tr.</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Brookhaven, Ms. 39601</u>	USGS quad _____, Sec <u>NE 1/4 NE 1/4, Sec 25 T 7N R 7E</u>
City _____ State _____ Zip Code _____	<u>0</u> Miles <u>W</u> of <u>Brookhaven</u>
Telephone No. <u>(228) 405-7469</u>	(Distance) _____ (Direction) _____ (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 1-16-15 Rated Pump Capacity: 16 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 1/2 Setting Depth: 30 feet Number of Stages: 19

Pump Test Data for Non Flowing Well

Date Well Tested: 1-16-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 11 Feet Below Land Surface Pumping Water Level (B): 14 Feet Below Land Surface

Drawdown [(B) - (A)]: 3 Feet Below Land Surface Test Pumping Rate: 16 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 1-16-15 Michael W. Kees
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 BY: DL