1 * 40 1.	STATE WELL REPORT		
county: Lincoln	Part 1	For Office Use Only:	
	Driller's Log	Well #:K154	
Permit #: GRENN WATER WELL &	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:	
Oriller: SUPPLY, INC.	P.O. Box 2309		
Date drilling completed: 3-21-14	Jackson, MS 39225-2309 (601)961-5210		
	(601)360-0535 (fax)		
State I aw requires that this reno	rt be prepared by the license holder responsible for t	he work and filed with the	
Department at the above address	within 30 days of completion of ariting of the well	or vorenote.	
Well Owner Inform	4	hole Location	
(Landowner if borehole is not for a water well) Latitude: 31 27.514 Lo		ngitude: 40 33.49	
Owner Name: Darny Box	. I Method of Lat/Long Icneck one	e): Conventional Survey,	
Mailing Address: 1562 Lilly	USGS quad, Hand-held G		
Bogue Chitto, Ms State	39629 NW 1/4 SW 1/4, Sec		
City	Miles IV W	Bogue Chitto	
Telephone No. (601) 748.3	(Distance) (Direction)	(Nearest Town)	
	Well / Borehole Data		
Location of the source of any surface			
Method of dosing and volume of Chl	orine used in drilling and development: Mudpit	t grave pack	
Logs run (circle all applicable): No lo	grun Electric Gamma Ray Density Sonic Neutr	on Other:	
Name of organization running log(s)			
Name of organization running log(s) Purpose of borehole (circle one): Wa		Ground Source Heat Pump	
Purpose of borehole (circle one): Wa	ismic Survey Other (describe)	Ground Source Heat Pump	
Purpose of borehole (circle one): Wa	ter Well Geotechnical/Geological Investigation	Ground Source Heat Pump	
Purpose of borehole (circle one): Was	ismic Survey Other (describe)	Ground Source Heat Pump	
Purpose of borehole (circle one): Was	iter Well Geotechnical/Geological Investigation ismic Survey Other (describe)	Ground Source Heat Pump	
Purpose of borehole (circle one): Was Se If drilling is not Purpose of Well (circle all applicable Other (describe):	Geotechnical/Geological Investigation ismic Survey Other (describe) related to water well construction, skip the remainder industrial Public Supply Irrigation	Ground Source Heat Pump	
Purpose of borehole (circle one): Was Se If drilling is not Purpose of Well (circle all applicable Other (describe): If a flowing well, method of flow re	Geotechnical/Geological Investigation ismic Survey Other (describe) related to water well construction, skip the remainder industrial Public Supply Irrigation	Ground Source Heat Pump er of this block Fish Culture	
Purpose of borehole (circle one): Was Se If drilling is not Purpose of Well (circle all applicable Other (describe): If a flowing well, method of flow resolution of the second of th	Geotechnical/Geological Investigation ismic Survey Other (describe) related to water well construction, skip the remainder industrial Public Supply Irrigation gulation: Valve Other (describe) feet [above or below] land surface Date measure	Ground Source Heat Pump er of this block Fish Culture ed: 3-2/-/H	
Purpose of borehole (circle one): Was Se If drilling is not Purpose of Well (circle all applicable Other (describe): If a flowing well, method of flow restatic Water Level:	Geotechnical/Geological Investigation ismic Survey Other (describe) related to water well construction, skip the remainder industrial Public Supply Irrigation gulation: Valve Other (describe) feet [above or below] land surface Date measure (circle one)	Ground Source Heat Pump er of this block Fish Culture ed: 3-2/-/H	
Purpose of borehole (circle one): Was Se If drilling is not Purpose of Well (circle all applicable Other (describe): If a flowing well, method of flow resolution Static Water Level: Method of measurement (circle one) Well depth: \$\frac{85}{25}\$ Well grouted to	Geotechnical/Geological Investigation ismic Survey Other (describe) related to water well construction, skip the remainder is Home Industrial Public Supply Irrigation gulation: Valve Other (describe) feet [above or below] land surface Date measure (circle one) i): Steel tape Flectric tape Air line Other (describe one) ico a depth of: Ofeet Type of grout (circle one)	Ground Source Heat Pump er of this block Fish Culture ed: 3-2/-/H	

Setting depth: From _

Underreamed

Screen slot size: __O_O__inches

Other (describe):____

Type of completion (circle all applicable). Gravel packed

Top of lap pipe or reduction in casing: _____feet

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

Open hole

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

Permit #:				r Office Us	-
ha skotoh k-1	1		Well #: _	K 154	
he sketch below only required for water	r wells Descr	ription of formations oreholes, unless spe	encountered	manual I	
well telescopes, show depths on sketch.	and b	oreholes, unless spe	cifically exem	must be provid pted by regular	l <u>ed for all</u> tions
ound Level		tion of Formations E	Colintered	•	
	-37	clay	resourcesed	From (depth) Ground level	To (dep
·				Si dano te vet	10
	wh	ite clay		7-5	
		7		10	
	blue	2 clay		51	12
•	,	1			43
	San	1/cky st	reaks	65	70
	50				
	-30,7	ed & grave	4	79	25
	mix	on claus			-
		AN CIWAL		28	92
!					
:			+		
	<u> </u>				
1	ļ				
re than one seemen					
re than one screen, show location of each on					
the property layout and include the following	ng.				
the well location any permanent structures on the property the any roads, power lines, or other items that		the well property and the wel			

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

Jackson
Liberty
Dr.

Liberty
Dr.

Liberty
Dr.

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.

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

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Print Name of Responsible Licensee and License No.

STATE WELL REPORT

County: Lincoln Permit #: Driller: GRENN WATER WELL & SUPPLY, INC. 3 Copy information from block on Part 1

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:
Well #:	<u>K154</u>
Aquifer:	

(601)	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 1				
of the report must be attached and both parts filed with the D	epartment at the above address within 30 days of well completion. Well Location				
Well Owner Information	Latitude: 31° 27.514 Longitude: 96° 33.749				
Owner Name: Danny Brown	1 3 15 1				
Mailing Address: 1562 Lilly Ln.	Method of Lat/Long (check one): Conventional Survey,				
O 41:14 M 20:40	USGS quad, Hand-held GPS, Survey-grade GPS				
Bogue Chitto, Ms. 39629 City State Zip Code	NW/4 SW/4, Sec 25 T 6N R6E				
Telephone No. (60) 748-3281	(Distance) (Direction) A Rogue Chitto (Nearest Town)				
	oe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well					
Date Pump Installed: <u> </u>	Rated Pump Capacity:				
Is This Pump (circle one): New Repaired Replacement					
·	pe (circle one)				
(lectric) Diesel Gasoline Natural Gas Tractor PTO Win					
Horse Power Rating of Motor: Setting Dept	th:feet Number of Stages:				
Pump Test Data for Non Flowing Well					
Date Well Tested: 3-23-14 Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): 48 Feet Below Land Surface Pumping Water Level (B): 53 Feet Below Land Surface					
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric to	· ·				
	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 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 man factor of the submitting the above information you are certifying that this meter was installed to man factor of the submitting the above information you are certifying that this meter was installed to man factor of the submitting the above information you are certifying that this meter was installed to man factor of the submitting the above information you are certifying that this meter was installed to man factor of the submitting the above information you are certifying that this meter was installed to man factor of the submitting the above information you are certifying that this meter was installed to man factor of the submitting the above information you are certifying that the submitted in the submitted					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
MICHAEL W. KEES RPO-0000801 Print Name of Pump Installer and License No. (if applicable	3-23-14 N. L. BY- O.W				
Frank Name of Fump installer and License No. (1) applicable	Form: OI WR-SWR-1B (4/1)				