	STATE W	VELL REPORT		
County: Lincoln	SIAIL	Part 1	For Office Use Only:	
Permit #		iller's Log	Well #: K 158	
GRENN WATER WELL C	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: SUPPLY, INC.	Р.	O. Box 2309	E-Log #:	
Date drilling completed: 12-29-14		i, MS 39225-2309 01)961-5210		
	•	360-0535 (fax)		
State Law requires that this report be Department at the above address wi	be prepared by the li ithin 30 days of com	cense holder respo <mark>nsible for t</mark> l	he work and filed with the	
Well Owner Information	on 2	1°27′45″ Well or Bore		
	(Landowner if borehole is not for a water well)		gitude: 90° 36.067	
Owner Name: Robert Holder			: Conventional Survey,	
Mailing Address: 2121 Gone R	U·			
		JSGS quad Hand-held GF		
Bogue Chitto MS City State	39629	Sto 1/4 NE 1/4, Sec	28 T GN RGE	
		3 Miles SW of		
Telephone No. (601) 757-1240	<u>0</u>	(Distance) (Direction)	(Nearest Town)	
	Well / Bo	ehole Data	· · · · · · · · · · · · · · · · · · ·	
Date drilling started: 12-29-14 Date of			Hole diameter: 7	
Location of the source of any surface wa				
Method of dosing and volume of Chloring	e used in drilling and	development: Mudpit	tarquel pack	
Logs run (circle all applicable): No log ru				
Name of organization running log(s):		——————————————————————————————————————		
Purpose of borehole (circle one): Water	Well Geotechnica	al/Geological Investigation (	Ground Source Heat Pump	
Seismic		escribe)		
If drilling is not rela	•	struction, skip the remainder	of this block	
Purpose of Well (circle all applicable):	lome Industrial	Public Supply Irrigation F	ish Culture	
Other (describe):				
If a flowing well, method of flow regular	tion: Valve	Other (describe)		
Static Water Level: 40 feet	[above or below] (circle one)	land surface Date measured	12-29-14	
Method of measurement (circle one): Sto	eel tape Electric ta	Air line Other ( <i>describe</i> ):		
Well depth: 70 Well grouted to a c	depth of: 10 fee	et Type of grout (circle one):	Neat Cement Bentonite Mix	
Casing length: 60 feet Cas	sing diameter:	inches Type of c	asing: PVC	
Screen length: 10 feet Sc				
Screen slot size:inches	Setting depth:	rom 60 feet to	feet	

> Underreamed

feet

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

Open hole

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing:

Other (describe):

RECEIVEL Form: OLWR-SWR-1A (4/13) JAN 2 9 2015

Natural Development

County: Lincoln  Permit #:	Í	For Office Use	
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encounter and boreholes, unless specifically ex	ed must be provid empted by regulat	ad for all
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	red chy	Ground level	17
	Sound I clay Street	, 27	10
	Sand / clay streams		60
	sand+gravel yellow clay	60	70
	vellan clan	1	70
	fisher clay	10	12
	• • •	<del></del>	
		, , 1 ,	
		_	
f more than one screen, show location of each on sketch			
etch the property layout and include the following:  1) the well location  2) any permanent structures on the property that may a  3) any roads, power lines, or other items that may aid i  4) north arrow	aid in locating the well in locating the property and the well Delawarchn.		
Gene Rd.			
drive of xwell  D  Row  house	an Ln.	Jackson Libert	y Dr.
. •	/		
ndowner Name: Robert Holder			
EREBY CERTIFY that the well/borehole was drilled, quirements of the Mississippi Department of Environ applicable, and state laws.	constructed, and completed in accordan mental Quality and the Mississippi Depart	ce with all applic ment of Health r	able egulations,
IAN D. McCLENDON UNR-0000664		1600 1	•
nt Name of Responsible Licensee and License No.	12-29-14 Bryan W	5 (lend)	$\mathcal{M}$

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

## STATE WELL REPORT

## Part 2

## County: Lincoln Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: Driller: GRENN WATER WELL & SUPPLY, INC. - 30 - 14 Date completed: 12 - 30 - 14 P.O. Box 2309

Copy information from block on Part 1

Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only: Well #: 158	
Aquifer:	

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	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	Well Location			
Owner Name: Robert Holder	Latitude: 31 27-765 Longitude: 90 36.067			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
2121 Gene Rd. USGS guad, Hand-held GPS1/, Survey-grade GPS_				
Rogue Chitto, Ms. 39629 City State Zip Code	ST 14 NE 14, Sec 28 T 6N RGE			
•	(Distance) Miles Sw of West Lincoln (Nearest Town)			
Telephone No. (601) 757-1240	(Distance) (Direction) (Nearest Town)			
Pump Ty	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 12 - 30 - 14	Rated Pump Capacity:Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement	nt			
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):			
Horse Power Rating of Motor: Setting Dept	th: <u>65</u> feet Number of Stages: <u>9</u>			
Pump Test Data	for Non Flowing Well			
Date Well Tested: 12-30-14	Duration of Pump Test (minimum 4 hours): hours			
Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 43 Feet Below Land Surface				
Drawdown [(B) - (A)]:	face Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric to	ape Air line Other (describe):			
Pump Test Da	ta for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet after 4 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	l x 1000, etc):			
Installation Date: Meter installed by:				
ls This Meter (circle one): New Repaired Replacement	ent			
	ertifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.			
I HEREBY CERTIFY that the above statements are true to the	ne best of my knowledge.			

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					التسبي
I HEREBY CERTIFY that the above statements are true to the	best of my knowle	dae		HELFIM	fra ]
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			1 1/	JAN 2 9 2	N 45
MICHAEL W. KEES RPO-00000801	12-30-14	Whi ha	1 w 12-	JAN_2	110
Print Name of Pump Installer and License No. (if applicable)	Date	Signatu	re of Pump li	nstaller	
Thirt fame of Famp instance and elective not (i) approarts		0.5		21 140 6140 40 4444	٠.