

# 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)

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 12-29-14

#### For Office Use Only:

Well #: K158  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)	<b>Well or Borehole Location</b> <u>31° 27' 45" Well or Borehole Location 90° 36' 4"</u>
Owner Name: <u>Robert Holder</u>	Latitude: <u>31° 27.765</u> Longitude: <u>90° 36.067</u>
Mailing Address: <u>2121 Gene Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bogue Chitto MS 39629</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE SW</u> ¼ <u>NE</u> ¼, Sec <u>28</u> T <u>6N</u> R <u>6E</u>
Telephone No. <u>(601) 757-1240</u>	<u>3</u> Miles <u>SW</u> of <u>West Lincoln</u>
	(Distance) (Direction) (Nearest Town)

<b>Well / Borehole Data</b>	
Date drilling started: <u>12-29-14</u>	Date drilling completed: <u>12-29-14</u> Hole depth: <u>72</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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump	
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): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>40</u> feet [above or <u>below</u> land surface (circle one) Date measured: <u>12-29-14</u>	
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>70</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</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>60</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole 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>	

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

JAN 29 2015

BY: OLWR



# 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: 12-30-14  
Copy information from block on Part 1

**For Office Use Only:**

Well #: K158  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Robert Holder</u>                  Mailing Address: _____  <u>2121 Gene Rd.</u>  <u>Bogue Chitto, Ms. 39629</u>                  City State Zip Code                  Telephone No. <u>(601) 757-1240</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>31° 27.765</u> Longitude: <u>90° 36.067</u>                  Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>SW</u> ¼ <u>NE</u> ¼, Sec <u>28</u> T <u>6N</u> R <u>6E</u>  <u>3</u> Miles <u>SW</u> of <u>West Lincoln</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

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

Date Pump Installed: 12-30-14 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: 5 Setting Depth: 65 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-30-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 43 Feet Below Land Surface

Drawdown [(B) - (A)]: 3 Feet Below Land Surface Test Pumping Rate: 12 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 12 GPM with a drawdown of 3 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 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 12-30-14 Michael W. Kees JAN 29 2015  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer