

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: K185
Aquifer: _____
E-Log #: _____

County: Lincoln
Permit #: _____
Driller: Greenwater Well
Date drilling completed: 5/18/18

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Robert Legg</u>	Latitude: <u>31.4705</u> Longitude: <u>90.5953</u> <u>31-28-14</u> <u>90-38-43</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>1613 Delaware Rd</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Brookhaven</u> <u>MS</u> <u>39601</u>	<u>NE 1/4</u> <u>SW 1/4</u> , Sec <u>22</u> <u>T.6N</u> <u>R.6E</u>
City State Zip Code	<u>4</u> Miles <u>SW</u> of <u>West Lincoln</u>
Telephone No. (601) <u>757-3519</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>5/18/18</u> Date drilling completed: <u>5/18/18</u> Hole depth: <u>53</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>Mud pit + gravel pack</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" 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 (check 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) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check 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>30</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>5/18/18</u>
Method of measurement (check one): <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>55</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>40</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>15</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0/0</u> inches Setting depth: From <u>40</u> feet to <u>55</u> feet
Type of completion (check 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

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)

For Office Use Only:

Well #: K185
 Aquifer: _____

County: Lincoln
 Permit #: _____
 Driller: Gann Water Well
 Date completed: 5/8/18
Copy information from block on Part 1

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;">Well Owner Information</p> <p>Owner Name: <u>Robert Legg</u> Mailing Address: _____ <u>1613 Delaware Rd</u> <u>Brookhaven MS 39601</u> City State Zip Code Telephone No. (601) <u>757-3419</u></p>	<p style="text-align: center;">Well Location</p> <p><u>31-28-14</u> Well Location <u>90-35-43</u> Latitude: <u>31.705</u> Longitude: <u>90.5953</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NE^{NW} 1/4 SW 1/4, Sec 22 T 6N R 6E</u> <u>4</u> Miles <u>SW</u> of <u>West Lincoln</u> (Distance) (Direction) (Nearest Town)</p>
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Pump Type (check one)

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

Date Pump Installed: 5/8/18 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 53 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: 5/8/18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 38 Feet Below Land Surface

Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (check 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: RECEIVED

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: BY OIWR

Is This Meter (check 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.

Jacob Lea 8325 5/8/18 Jacob Lea
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer