	STATE WELL REPORT				
County: Lincoln	Part 1	For Office Use Only:			
Permit #:	Driller's Log	Well #: <u>L146</u>			
GRENN WATER WELL &	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:			
Date drilling completed: 6-5-14	P.O. Box 2309	E-Log #:			
Tale of Many completed.	Jackson, MS 39225-2309 (601)961-5210				
	(601)360-0535 (fax)				
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 Informat	Owner Information Well or Borehole Location				
Owner Name: Keith Cli		ngitude: 90° 41.74/			
	31 - 31 - 13 Method of Lat/Long (check one	90-37-53			
Mailing Address:	•				
612 Huy515	USGS quad, Hand-held G	PS, Survey-grade GPS			
Boque Chitto Me	39629 SE 14 SE 14, Sec.	35 TAN GN 7EV			
City	7in Code	Bookhaven			
Telephone No. (601) 757-82	(Distance) (Direction)	(Nearest Town)			
	Well / Borehole Data	. 17			
Date drilling started: 6-3-14Date	drilling completed: 6-5-14 Hole depth: 154	Hole diameter: 7			
		P ¹			
	vater used for drilling:				
Location of the source of any surface v	-	+ 20 40 000			
Location of the source of any surface v	ne used in drilling and development: Mudpit	+ gravel pack			
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If telescoped or more than one screen, describe on next page

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

County: Lincoln Permit #:		or Office Use Only:
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encountere and boreholes, unless specifically exe	d must be provided for all wells mpted by regulations
Ground Level	Description of Formations Encountered	From (depth) To (depth)
GIOURIU LEVEL	gravel mix	Ground level 10
	Sandtgravel	10 52
	White Clay	52 70
D .	white clay	135 140
CENTRAL	pea gravel	140 150
RECEIVED JUN 20 2014 BY: OLWR	blue clay	150 154
ed. Or		
d d		
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 as any roads, power lines, or other items that may as 4) north arrow	id in locating the property and the well	
T-55	151 hwy	84hwy
	. 1	
	dri ve	
gr 	-4,4	
	wall house	
Landowner Name: Keith Cline	\	
I HEREBY CERTIFY that the well/borehole was drill requirements of the Mississippi Department of Envi if applicable, and state laws.	ed, constructed, and completed in accordations in accordations and the Mississippi Departmental Quality and the Mississippi Department	ance with all applicable artment of Health regulations,
	1-0.11 0-11	Mc March -
BRIAN D. McCLENDON UNR-00000664 Print Name of Responsible Licenses and Licenses No.	Date Signa	ture of Licensee

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

STATE WELL REPORT

County: Lincoln Permit #: Driller: GRENN WATER WELL & SUPPLY, INC. Date completed: L-6-14

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#: LIAk				
Aquifer:				

Copy information from block on Part 1 (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 Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: Keith Latitude: 31 29.536 Longitude: 90 41.741 Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad_____, Hand_held GPS_____, Survey-grade GPS_ Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ______ Date Pump Installed: ___ Is This Pump (circle one): Replacement Repaired Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth: feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: __ Duration of Pump Test (minimum 4 hours): _ 4 38 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Static Water Level (A): ____ Test Pumping Rate: _____ Gallons Per Minute ___Feet Below Land Surface Method of measurement (circle one): Steel tape electric tap Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____ feet. Well yielded _GPM with a drawdown of BY: OH WA 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):_____ Meter installed by: _ Installation Date: ____ Is This Meter (circle one): 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.						
	best of my mion	neuge.				
		A				
MICHAEL W. KEES RPO-00000801	(0-10-14	Milelululla				
Print Name of Pump Installer and License No. (if applicable)	Date	Time the second second				
Time Name of Fullip instance and Electise No. (1) applicable)	vale	Signature of Pump Installer				

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