

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)

For Office Use Only:

Well #: L1A7
Aquifer:
E-Log #:

County: Lincoln
Permit #:
Driller: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 6-16-14

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.

Herschel Adams

Well Owner Information: Shannon Roberts, 2023 Zetus Rd NW, Brookhaven MS 39601, 835-6673
Well or Borehole Location: 31° 31.126' N, 90° 29.808' W, SW 1/4, Sec 3, T 6N, R 7E, 2 miles SW of Brookhaven

Well / Borehole Data: Date drilling started/completed: 6-16-14, Hole depth: 87, Hole diameter: 7
Method of dosing: Mud pit - gravel pack
Purpose of borehole: Water Well

Purpose of Well: Home
Static Water Level: 53 feet below land surface, Date measured: 6-16-14
Well depth: 85, Well grouted to a depth of: 10
Casing length: 75, Casing diameter: 4 inches, Type of casing: PVC
Screen length: 10, Screen diameter: 4 inches, Type of screen: PVC
Type of completion: Gravel packed

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

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

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: 6-17-14
Copy information from block on Part 1

For Office Use Only:

Well #: L147
 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.

Hersche

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Shannon Roberts</u> | Latitude: <u>31° 31.126</u> Longitude: <u>90° 29.808</u> |
| Mailing Address: <u>2023 Zetus Rd NW</u> | Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey ⁰⁸ , <input type="checkbox"/> Survey-grade GPS ^{4E} |
| <u>Brookhaven</u> <u>MS</u> <u>39601</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>3</u> T. <u>6N</u> R. <u>7E</u> |
| Telephone No. <u>(601) 835-6673</u> | <u>2</u> Miles <u>SW</u> of <u>BROOKHAVEN</u> (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

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

Date Pump Installed: 6-17-14 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: 1/2 Setting Depth: 83 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: 6-17-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 53 Feet Below Land Surface Pumping Water Level (B): 62 Feet Below Land Surface

Drawdown [(B) - (A)]: 9 Feet Below Land Surface Test Pumping Rate: 10 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 _____ GPM with a drawdown of _____ 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): _____

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 6-17-14 Michael Kees **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

BY OLWR