, , , ,	STATE V	WELL REPORT	
County: Lincoln		Part 1	For Office Use Only:
Permit #:	— Í Máraistanas Du 🔒	riller's Log nent of Environmental Quality	Well #:
GRENN WATER WELL &	Office of Lar	nd and Water Resources	Aquifer:
Date drilling completed: 6-16-	Jackso	.O. Box 2309 n, MS 39225-2309	E-Log #:
		601)961-5210)360-0535 (fax)	
State I av manices that this -		•	
Department at the above add	eport de prepareu by the t ess within 30 days of con	icense holder responsible for the polition of drilling of the well of	ne work ana juea wun me Or borehole.
Well Owner Info	rmation		hole Location
che Adams Cl	ot for a water well)	Latitude: 31 31.126 Lon	gitude: 90°29.808
Owner Name: Shannon		(AS)	48
Mailing Address: 2023	Zetus Rd NW	Method of Lat/Long (check one	/
	·	USGS quad, Hand-held G	PS, Survey-grade GPS
Brookhaven M.	5 39601	SW 1/4 Sec_ 1/4, Sec_	3 - T 6N R 7E
	I	2 Miles SW of	Bonklaven
Telephone No. (60) 83	5.6673	(Distance) (Direction)	(Nearest Town)
- 11 - 11	. Neit \ Ro	orehole Data	
Date drilling started: 6-16-14	Date drilling completed:	6-// Hole depth: X	U-1- dia manda 7
1	•	riote depent.	Hole diameter:
Location of the source of any surf	ace water used for drillin	g:	Hole diameter:/
Location of the source of any surf	ace water used for drillin	g:	
Location of the source of any surf Method of dosing and volume of C	ace water used for drilling ar	g:nd development: Mud pit	-gravel pack
Location of the source of any surf Method of dosing and volume of C Logs run (circle all applicable): No	ace water used for drilling an log run Electric Gamm	g:nd development: Mud pit	-gravel pack
Logs run (circle all applicable) No	hlorine used in drilling an log run Electric Gamm	g:nd development: Mud Pit na Ray Density Sonic Neutro	- gravel pack
Location of the source of any surf Method of dosing and volume of C Logs run (circle all applicable). No Name of organization running log(Purpose of borehole (circle one):	hlorine used in drilling and log run Electric Gamma(s): Water Well Geotechnic	g: Ind development: Mud pit In Ray Density Sonic Neutro Tal/Geological Investigation	-gravel pack
Location of the source of any surf Method of dosing and volume of C Logs run (circle all applicable). No Name of organization running log(Purpose of borehole (circle one):	hlorine used in drilling and log run Electric Gamma(s): Water Weld Geotechnic Seismic Survey Other (d)	g:	n Other:
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Location of the source of any surf Method of dosing and volume of C Logs run (circle all applicable): No Name of organization running log(Purpose of borehole (circle one): If drilling is no Purpose of Well (circle all applicable) Other (describe): If a flowing well, method of flow Static Water Level:	Acce water used for drilling and horine used in drilling and log run. Electric. Gamma (s): Water Weld. Geotechnic. Seismic Survey. Other (contrelated to water well contrelated to water well contrelated to water well contrelated. Home industrial industrial feet [above of below]	g:	Other: Ground Source Heat Pump of this block Fish Culture
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Location of the source of any surf Method of dosing and volume of C Logs run (circle all applicable): No Name of organization running log(Purpose of borehole (circle one): If drilling is no Purpose of Well (circle all applicate Other (describe): If a flowing well, method of flow Static Water Level:	Acce water used for drilling and horine used in drilling and log run. Electric. Gamma (s): Water Well Geotechnic. Seismic Survey. Other (controlled to water well controlled). Home industrial industrial feet [above on below (circle one)]. Steel tape. Electric to it to a depth of:	g:	of this block Tish Culture

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

Other (describe):_

Top of lap pipe or reduction in casing: 🔼

Form: OLWR-SWR-14 (4/13)

County: Lincoln			Fo	r Office Use	Only:
Permit #:			Well #: _	LIA7	
The sketch below only required for	water wells	Description of for	mations encountered less specifically exem	must be provide	d for all wells
<u>If well telescopes, show depths on si</u>	ketch.				
Ground Level		Description of Form		From (depth) Ground level	To (depth)
		red clay		4	
·		Sand		17	67
	•	sand tgr	avel	67	85
	£ .	whitec	lay	85	87
	- 11				
	:				
•		•			
	4				
		3			
	Ît.	-	· · · · · · · · · · · · · · · · · · ·		
	* : <u>i</u>				
If more than one screen, show location of	of each on sketch			<u>.L.</u>	1
Sketch the property layout and include the state of the well location (a) any permanent structures on the (a) any roads, power lines, or other in (a) north arrow	property that may a	id in locating the well I locating the property	and the well	1-55	
	1				
	84 H	wy			
		A	luburn Dr.		
en e			/	[
. ,		~	$\overline{}$	(
	:	well &	dnip	\	
		" X []	Katie-	Tr.	,
		house		ľ	
Landowner Name: Skennon	Robert	5			
I HEREBY CERTIFY that the well/bor requirements of the Mississippi Dep- if applicable, and state laws.	rehole was drilled, artment of Enviro	, constructed, and c nmental Quality and	ompleted in accorda the Mississippi Depa	nce with all app rtment of Healt	olicable th regulations,
BRIAN D. McCLENDON UNR	_00000664	6-25-14	Brian	Cland ure of Licensee	U21_
Print Name of Responsible Licensee	and License No.	Date	Signat		/R-SWR-1A (4/1.

STATE WELL REPORT

Permit #: Driller: GRENN WATER WELL & SUPPLY, INC 6-17-14

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

ississippi 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 #:	L147			
Aquifer:	e-special			

Copy information from block on Part (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 Itersche Latitude: 31 31.126 Longitude: 90 29.808 Owner Name: Shannon Roberts Mailing Address: 2023 Zetrus Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held, GPS______, Survey-grade GPS_ 39601 Zip Code 835-6673 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: _______ 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: Setting Depth: feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: 6-17-14 Duration of Pump Test (minimum 4 hours): Static Water Level (A): <u>53</u> Feet Below Land Surface Pumping Water Level (B): 62 Feet Below Land Surface Drawdown [(B) - (A)]: __ _Feet Below Land Surface Test Pumping Rate: ___ ___ 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: ___ 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 7001, 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 know	vledge.	
MICHAEL W. KEES RPO-0000801	6-17-14	Michalala	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump	Installer

Form: OLWR-SWR-18 (4/13)

