

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 #: L148
Aquifer: _____
E-Log #: _____



County: Lincoln
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC.
Date drilling completed: 1-28-15

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.

<p style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Larry Gibson</u> Mailing Address: _____ <u>1069 Eagle Tr.</u> <u>Brookhaven, Ms. 39601</u> City State Zip Code Telephone No. <u>(601) 835-7939</u></p>	<p style="text-align: center;">Well or Borehole Location <u>90° 33' 1"</u></p> <p>Latitude: <u>31° 30.413</u> Longitude: <u>90° 33.017</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NW ¼ NW ¼, Sec 7 T6N R7E</u> <u>1</u> Miles <u>NE</u> of <u>West Lincoln</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 1-28-15 Date drilling completed: 1-28-15 Hole depth: 70 Hole diameter: 7
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: mud pit & gravel pack
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

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

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 37 feet [above or below] land surface Date measured: 1-28-15
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe) _____
Well depth: 65 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 55 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 55 feet to 65 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

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

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: 1-29-15
Copy information from block on Part 1

For Office Use Only:
 Well #: 4148
 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.

Well Owner Information			Well Location <u>31° 33' 1" N</u> <u>90° 33' 1" W</u>		
Owner Name: <u>LARRY GIBSON</u>			Latitude: <u>31° 30' 41.3" N</u> Longitude: <u>90° 33' 01.7" W</u>		
Mailing Address: <u>1069 Eagle Tr. Brookhaven MS 39601</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City	State	Zip Code	<u>NW 1/4 NW 1/4, Sec 7 T 6N R 7E</u>		
Telephone No. <u>(601) 835 7939</u>			<u>1</u> Miles <u>NE</u> of <u>West Lincoln</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 1-29-15 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: 63 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
 Date Well Tested: 1-29-15 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 37 Feet Below Land Surface Pumping Water Level (B): 42 Feet Below Land Surface
 Drawdown [(B) - (A)]: 5 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 1-29-15 Michael W. Kees
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer