

# 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 #: 0121  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 12-9-14

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ron Locke</u>	Latitude: <u>31° 21.473</u> Longitude: <u>90° 36.229</u> <u>31° 21' 28"</u> <u>90° 36' 13"</u>
Mailing Address: <u>2177 Brumfield Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Smithdale</u> MS <u>39664</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>33</u> T <u>5N</u> R <u>6E</u>
City State Zip Code	<u>9</u> Miles <u>SW</u> of <u>Boguechitto</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 248-4002</u>	

Well / Borehole Data
Date drilling started: <u>12-9-14</u> Date drilling completed: <u>12-9-14</u> Hole depth: <u>179</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 to gravel pack</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input 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 (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture Other (describe): <u>Aircraft Hangar</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>46</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>12-9-14</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="radio"/> Electric tape <input type="radio"/> Air line Other (describe): _____
Well depth: <u>177</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="radio"/> Bentonite Mix
Casing length: <u>157</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0.010</u> inches Setting depth: From <u>157</u> feet to <u>177</u> feet
Type of completion (circle 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
<i>If telescoped or more than one screen, describe on next page</i>

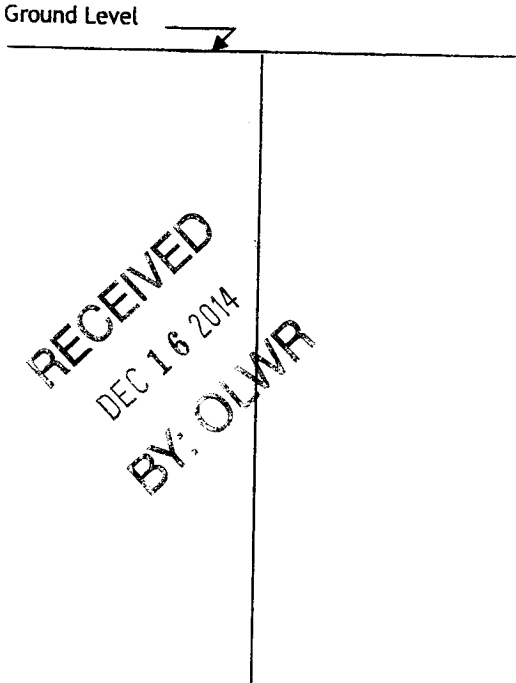
RECEIVED  
DEC 16 2014  
BY: OLWR

County: Lincoln  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



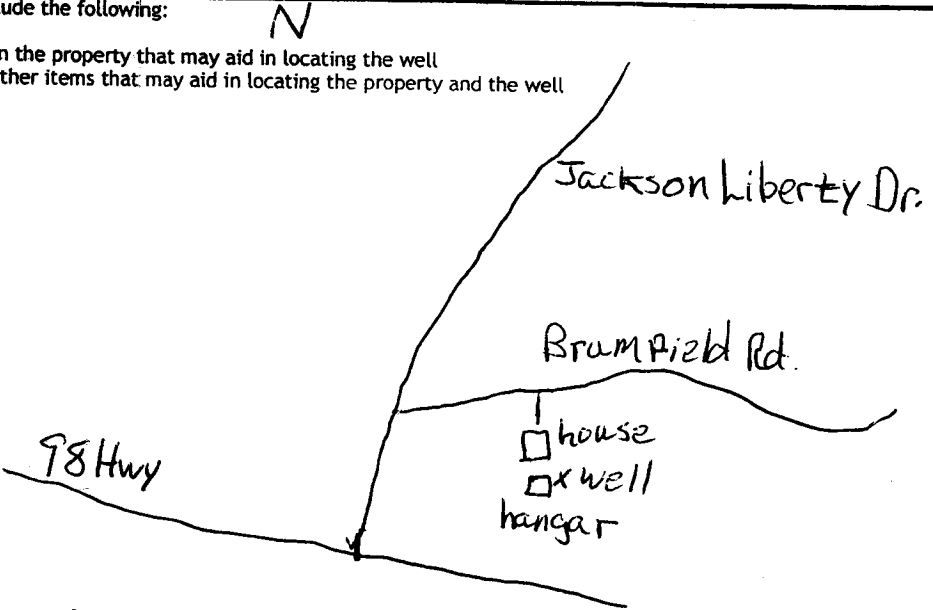
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	15
sand	15	33
white clay	33	43
sand & gravel	43	66
red clay	66	73
sand & gravel	73	177
yellow clay	177	179

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 aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Ron Locke

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

BRIAN D. McCLENDON UNR-00000664 12-9-14 Brian McCleendon  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

DEC 16 2014

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)

BY: OLWR

For Office Use Only:

Well #: 0121

Aquifer:

County: Lincoln
Permit #:
Driller: GRENN WATER WELL & SUPPLY, INC.
Date completed: 12-11-14
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.

Well Owner Information: Owner Name: Ron Locke, Mailing Address: 2177 Brumfield Rd, Smithdale MS 39664, Telephone No. (601) 248-4002
Well Location: Latitude: 31° 21.473, Longitude: 90° 36.229, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SE 1/4 NE 1/4, Sec 33 T 5N R 6E, 9 Miles SW of Bogua Chitto

Pump Type (circle one): Submersible
Date Pump Installed: 12-11-14, Rated Pump Capacity: 25 Gallons Per Minute
Is This Pump (circle one): New

Power Type (circle one): Electric
Horse Power Rating of Motor: 1 1/2, Setting Depth: 70 feet, Number of Stages: 10

Pump Test Data for Non Flowing Well
Date Well Tested: 12-11-14, Duration of Pump Test: 4 hours
Static Water Level (A): 46 Feet Below Land Surface, Pumping Water Level (B): 51 Feet Below Land Surface
Drawdown [(B) - (A)]: 7 Feet Below Land Surface, Test Pumping Rate: 25 Gallons Per Minute
Method of measurement (circle one): Electric tape

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 .001, gal x 1000, etc):
Installation Date:
Meter installed by:
Is This Meter (circle one): New
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 12-11-14
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer