

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)961-5555
(601)961-5228 (fax)

County: Pike
Permit #: MS-GW-17347
Driller: Griner Drilling Service
Date drilling completed: 10/01/2019

For Office Use Only:
Well #: D295
Aquifer: _____
E-Log #: _____

RECEIVED
10-07-2019
BY OLWR

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>City of McComb</u>			Latitude: <u>31°14' 53.20"N</u> Longitude: <u>90°26'56.69"W</u>	
Mailing Address: <u>115 3rd Street</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>McComb</u>	<u>MS</u>	<u>39648</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>01</u> T <u>03N</u> R <u>07E</u>	
City	State	Zip Code	<u>1/2</u> Miles <u>SW</u> of <u>City of McComb</u>	
Telephone No. (____) _____			<i>(Distance) (Direction) (Nearest Town)</i>	

Well / Borehole Data

Date drilling started: 08/08/18 Date drilling completed: _____ Hole depth: 598 Hole diameter: 25"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Griner Drilling Service, Inc.

Purpose of borehole (check 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 (check 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: 211.22 feet above or below land surface (check one) Date measured: 08/09/19

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____

Well depth: 584' Well grouted to a depth of: 508 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 508 feet Casing diameter: 20 inches Type of casing: A53B

Screen length: 70 feet Screen diameter: 16 inches Type of screen: 304 SS

Screen slot size: .012 inches Setting depth: From 514 feet to 584 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 440 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)

For Office Use Only:

Well #: **D295**
Aquifer: _____

County: Pike
Permit #: **MS-GW-17347**
Driller: Griner Drilling Service
Date completed: 10-01-2019
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	Well Location
Owner Name: <u>City of McComb</u>	Latitude: <u>31°14' 53.20"N</u> Longitude: <u>90°26'56.69"W</u>
Mailing Address: <u>115 3rd Street</u>	Method of Lat/Long (check one): Conventional Survey_____, USGS quad_____, Hand-held GPS ^X _____, Survey-grade GPS_____ _____ ¼ _____ ¼, Sec _____ T _____ R _____
<u>McComb</u> MS City State Zip Code	<u>1/2</u> Miles <u>SW</u> of <u>City of McComb</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 05/07/2019 Rated Pump Capacity: 1000 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 100 Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 08/28/2019 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 211.22 Feet Below Land Surface Pumping Water Level (B): 248.20 Feet Below Land Surface
Drawdown [(B) - (A)]: 37 Feet Below Land Surface Test Pumping Rate: 1000 Gallons Per Minute
Method of measurement (check 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: McCrometer Meter Serial Number: _____
Meter Model Number/Name: ML04 Type of Meter: Propeller
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): galx1000
Installation Date: _____ Meter installed by: TL Wallace Contruccion
Is This Meter (check 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Charles H. Griner 0-184 10-01-19 Charles H. Griner
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

City of McComb Well 5 Replacement

Write a description for your map.

D295 Pike Co.
MS-GW-17347

Legend

 McComb Fire Dept Station

E Michigan Ave 

 City of McComb Well 5 Replacement

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300 ft

Google Earth

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