MAY 26 2016

	STATE WELL REPORT	
County: Walthall	Part 1	For Office Use On
Permit #:	Driller's Log  Mississippi Department of Environmental Quality	Well #: H 104
GRENN WATER WELL & SUPPLY, Driller: INC.	1.0. 50% 250%	E-Log #:
Date drilling completed: 5-6-16	Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	

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.

Latitude: 31 19 31.123 Longitude: 90 14 39-81/

Method of Lat/Long (check one): Conventional Survey\_

Well Owner Information

(Landowner if borehole is not for a water well)

Owner Name: Jason

Mailing Address:	SGS quad, Hand-held GPS, Survey-grade GPS	
101 LL COOPI ICO		
Tayess, Ms. 39641 -	SE 14 SE 14, Sec 12 T 4N R 9 E	
_	3 Miles S of Jayess	
Telephone No. (215) 266-5050	Distance) (Direction) (Nearest Town)	
Well / Bor	ehole Data	
Date drilling started: 5.6-16 Date drilling completed: 5		
Location of the source of any surface water used for drilling	•	
Method of dosing and volume of Chlorine used in drilling and	development: Mudpit & gravelpack	
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): Vater Well Geotechnica	/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (de	scribe)	
If drilling is not related to water well con	struction, 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: 76 feet [above below]	and surface Date measured: 5-6-16	
Method of measurement (circle one): Steel take Electric to	Air line Other (describe):	
Well depth: 100 Well grouted to a depth of: 10 fee	t Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>90</u> feet Casing diameter:	inches Type of casing:	
Screen length:feet	1 inches Type of screen:	
Screen slot size:		
Type of completion (circle all applicable): deavel packed	Underreamed Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet		
If telescoped or more than or	e screen, describe on next page Form: OLWR-SWR-1A (4/13	

Permit #:	V	For Office Use	•
The sketch below only required for water wells	Description of formations encou and boreholes, unless specifical	intered must be provid	ed for all wel
If well telescopes, show depths on sketch.	Description of Formations Encounte		
Ground Level	red clay	Ground level	To (depth)
	sand theravel		
	•	70	75
	sandtgravel	15	101
	Red Clay	102	<b>P</b> /02
•			
more than one screen, show location of each on sketch	1		
2) any permanent structures on the property that may			
Beerto	in locating the well in locating the property and the well  work the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating the property and the well  kouse  In the locating		
downer Name:	in locating the property and the well  work bouse  Income Rd  LL Coon Rd  . constructed, and completed in acco	ordance with all applic	rable
downer Name: Jason Rugh	in locating the property and the well  work bouse  Income Rd  LL Coon Rd  . constructed, and completed in acco	ordance with all applic epartment of Health i	cable regulations,
downer Name: Tason Pugh  REBY CERTIFY that the well/borehole was drilled, direments of the Mississippi Department of Environ	in locating the property and the well  work bouse  Income Rd  LL Coon Rd  . constructed, and completed in acco	ordance with all applic epartment of Health	table regulations,

## STATE WELL REPORT

MAY 26 2016

County: WALTHAIL
Permit #: Driver: WATER WELL &
SUPPLY, INC. 5-9-16
Copy information from block on Part 1

Well Owner Information

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 #:	OLWR
Aquifer:	

· Well Location

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Owner Name: JASON Poul Latitude: 3101931.12 Longitude: 901439.811				
Mailing Address: Method of Lat/Long (check one): Conventional Survey,				
Mailing Address:				
TALLESS MS 39641 SE USE USE USE ID TYNR YEL				
City State Zip Code 2 Miles S of SALIPS				
City State Zip Code 3 Miles S of SAUPS (Distance) (Direction) (Nearest Town)				
Pump Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed:				
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: $3/4$ Setting Depth: $15$ feet Number of Stages: $12$				
Pump Test Data for Non Flowing Well				
Date Well Tested: 5-9-16 Duration of Pump Test (minimum 4 hours): 4 hours				
Static Water Level (A): 76 Feet Below Land Surface Pumping Water Level (B): 30 Feet Below Land Surface				
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate:/O 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 afterhours 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.				

Date

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

MICHAEL W. KEES UNR-00007737

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)